

## **Knox Home Sleep Study Services**

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## **Referral for Sleep Study**

Patient Details				
Name:		Date of Birth:		
Address:		Telephone (Hon	ne):	
Medicare No.:		Telephone (Mobile):		
Referral/Request(s) for:		Clinical details/reasons for referral:		
<ul><li>Sleep Study</li><li>Consultation</li></ul>				
Referring Doctor Details:		Results:		
		0	Fax (No	)
		0	Hardcopy via post	,
		0	Return with patien	t
		0	Electronic copy	
Provider no.:				
Doctor's signature:		Copies to:		
<u>Date</u> :		Date of review	:	
	appointment, please call the K errals can be faxed to <u><b>03 9917</b></u>	•		
Your appointment details:	Appointment time:	Appoin	tment date:/	/20
GP'S: PLEASE COM	IPLETE BELOW QUES	TIONNAIRES	WITH YOUR P	ATIENT PRIOR TO

## **SENDING REFERRAL:**

If the patient scores 3 or more on STOP BANG and 8 or more on ESS, the patient qualifies for a direct home sleep study.

## **Epworth Sleepiness Scale:**

Note: 0 = No chance, 1 = slight chance, 2 = moderate chance, 3 = high chance (of falling asleep, not just feeling tired).

Situation	Chance of dozing
Sitting and reading	
Watching TV	
Sitting inactive in public place (i.e. meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
Total	

TOD	BANG	Sloop	Apnoea	Ouget	ionna	iro.
IUP	BANG	Sieeb	Apnoea	Quest	ionna	ıre:

Height (cm)\_\_\_\_\_ Weight(kg)\_\_\_\_\_

STOP		No
Do you <b>SNORE</b> loudly (i.e. louder than talking)		
Do you often feel <b>TIRED</b> , fatigued or sleepy		
during the day?		
Has anyone <b>OBSERVED</b> you stop breathing		
during your sleep?		
Do you have or are you being treated for high		
blood PRESSURE?		
BANG		
BMI more than 35kg/m <sup>2</sup> ?		
Age over 50 years old?		
Neck circumference > 40cm?		
Gender: Male?		
Total		