



Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Consultation with a Specialist Physician **Respiratory Function Tests** (Bulk Billed)

**Sleep Study** (Bulk Billed)

Hospital based sleep study  
(Privately insured patients)

Home based sleep study\*

\*Please complete the ESS and STOP-BANG questionnaires. Only patients with ESS  $\geq$  8 and STOP-BANG score  $\geq$  3 qualify for a direct referral as per the Medicare requirements.  
*Please see back of form for questionnaires.*

Spirometry & Transfer Factor

FeNO & Spirometry

Plethysmographic Lung Volumes

Bronchial Provocation Test  
(Additional fees apply)

Maximal Respiratory Pressures

6 minute walk test

Ambulatory Oxygen Assessment

## CLINICAL NOTES

## REQUESTING DOCTOR

Provider Number: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Copies: \_\_\_\_\_ Fax: \_\_\_\_\_

## EPWORTH SLEEPINESS SCALE (ESS)

Use the scale on the right to choose the most appropriate number for each situation

0 = would never doze  
 1 = slight chance of dozing  
 2 = moderate chance of dozing  
 3 = high chance of dozing

SITUATION	CHANCE OF DOZING (0 - 3)
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theatre or a 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 a lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
<b>SCORE TOTAL</b>	

## STOP-BANG QUESTIONNAIRE

Do you SNORE loudly?	YES	NO
Do you often feel TIRED, fatigued, or sleepy during the daytime?	YES	NO
Has anyone OBSERVED you stop breathing or choke or gasp for air during your sleep?	YES	NO
Do you have or are you being treated for high blood PRESSURE?	YES	NO
BMI more than 35 kg per m <sup>2</sup> ?	YES	NO
Age over 50 years old?	YES	NO
Neck circumference >40 cm?	YES	NO
Gender: Male?	YES	NO
<b>TOTAL YES SCORE</b>		

## LOCATIONS

- |  |  |
|--|--|
| <p><input type="checkbox"/> <b><u>EPPING</u></b><br/>                     Epping Medical Centre<br/>                     Level 2, 230 Cooper Street<br/>                     EPPING VIC 3076</p> | <p><input type="checkbox"/> <b><u>BRUNSWICK</u></b><br/>                     202 Moreland Road<br/>                     BRUNSWICK VIC 3056</p>   |
| <p><input type="checkbox"/> <b><u>DONCASTER EAST</u></b><br/>                     Suite 2, 1008 Doncaster Road<br/>                     DONCASTER EAST VIC 3109</p>                              | <p><input type="checkbox"/> <b><u>KILMORE</u></b><br/>                     The Kilmore Hospital Consulting Suites<br/>                     Anderson Road<br/>                     KILMORE VIC 3764</p> |