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Epping Private Consulting Suites
Level 2, Suite 4a
230 Cooper Street, EPPING VIC 3076

**The Kilmore and District Hospital
Consulting Suites**
Anderson Road, KILMORE VIC 3764

Patient Name: _____ D.O.B.: _____

Address: _____

Postcode: _____

Mobile: _____ Home: _____

Consultation with a Specialist Physician

Sleep Study

Hospital based sleep study
(privately insured patients)

Home based sleep study* (Bulk Billed)

**Please complete the ESS and STOP-BANG
questionnaires. Only patients with ESS \geq 8 and
STOP-BANG score \geq 4 qualify for a direct referral
as per the Medicare requirements.
Please see back of form for questionnaires.*

Respiratory Function Tests (Bulk Billed)

Spirometry & Transfer Factor

Plethysmographic Lung Volumes

Bronchial Provocation Test (Mannitol)

Maximal Respiratory Pressures

6 min walk test

FeNO

CLINICAL NOTES

REQUESTING DOCTOR

Name: _____

Address: _____

Copies: _____

Provider Number: _____

Signature: _____

Phone: _____

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	
SCORE TOTAL	

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 ² ?	YES	NO
Age over 50 years old?	YES	NO
Neck circumference >40 cm?	YES	NO
Gender: Male?	YES	NO
TOTAL YES SCORE		

PLEASE AVOID THE FOLLOWING PRIOR TO TESTING:

TIME TO AVOID PRIOR TO TEST

Medication Class	Generic Name	Respiratory Function Testing	Bronchial Provocation Testing
SABA	Ventolin, Bricanyl, Atrovent, Asmol	6 hours	8 hours
ICS	Alvesco, Flixotide, Pulmicort, Qvar, Arnuity	24 hours	24 hours
LAMA	Spiriva, Bretaris, Seebri, Incruse	12 hours	24 hours
LABA	Serevent, Foradile, Oxis, Onbrez	24 hours	24 hours
LAMA/LABA	Spolto, Ultibro, Brimica, Anoro	24 hours	24 hours
LABA/ICS	Seretide, Symbicort, Flutiform, Breo	24 hours	24 hours
LAMA/LABA/ICS	Trelegy	24 hours	24 hours
Theophylline	Nuelin, Theodur	NA	24 hours
Antihistamine	Zyrtec, Telfast, Claratyne	NA	72 hours
Caffeine	Coffee, tea, soft drinks, energy drinks	NA	Day of Test