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**Epping Medical Centre**

Level 2, Suite 4a  
230 Cooper Street  
EPPING VIC 3076

**John Fawcner Private Hospital**

Level 1, 267 Moreland Road  
COBURG VIC 3058

**The Kilmore and  
District Hospital**

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<br>1 = slight chance of dozing<br>2 = moderate chance of dozing<br>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>   |     |    |

### 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                   |