

www.sleepandlungcare.com.au  
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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



### EPPING

Epping Medical Centre  
Level 2, 230 Cooper Street  
EPPING VIC 3076

### BRUNSWICK

202 Moreland Road  
BRUNSWICK VIC 3056



### DONCASTER EAST

Suite 2, 1008 Doncaster Road  
DONCASTER EAST VIC 3109



### KILMORE

75 Powlett Street  
KILMORE VIC 3764