ASHFORD
RESPIRATORY & SLEEP

REFERRAL FOR RESPIRATORY AND SLEEP SERVICES

○ Dr Sanaz Lehman	MEDICARE NUMBER

PATIENT NAME	DOB | |

ADDRESS

POST CODE | | | | TELEPHONE

○ Consultation   ○ Home sleep study and consultation if required

STOP-BANG SCORE ....   EPWORTH SLEEPINESS SCALE SCORE ....

CLINICAL INDICATION

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PERIOD OF REFERRAL (MONTHS)   ○ 3   ○ 6   ○ 12   ○ INDEFINITE

REFERRING DOCTOR

PROVIDER NUMBER	TELEPHONE	FACSIMILE

ADDRESS

SIGNATURE	DATE | |

50 Marleston Ave, Ashford SA T | 08 8371 2111 F | 08 8371 2822 ashfordcardiac.com.au
admin@ashfordcardiac.com.au This form may be used for the provider of your choice

Epworth Sleepiness Scale Test

Name:		
Date:	Age (yrs):	Gender:

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired?
This refers to your usual way of life in recent times.
Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to choose the **MOST APPROPRIATE NUMBER** for each situation:

Chance of Dozing	
0	Never
1	Slight
2	Moderate
3	High

SITUATION	Chance of Dozing
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	
TOTAL SCORE	

Risk Test OSA (Obstructive Sleep Apnea)

STOP		
Do you **SNORE** loudly? (Louder than talking or loud enough to be heard through closed doors)	Yes	No
Do you often feel **TIRED**, fatigued or sleepy during daytime?	Yes	No
Has anyone **OBSERVED** you stop breathing during your sleep?	Yes	No
Do you have or are you being treated for high blood **PRESSURE**?	Yes	No
BANG		
BMI more than 35kg/m^2?	Yes	No
AGE over 50 years old?	Yes	No
NECK circumference > 16 inches (40cm)?	Yes	No
GENDER: Male?	Yes	No
TOTAL SCORE		