



Sleep Centre Booking Form

Unit Record Number

Surname

Given Names

Date of Birth Sex

Room No. Doctor

OR USE PATIENT LABEL

Submit Form via Email or Fax Completed Form to 03 59 75 9144

PATIENT DETAILS

Title: _____ Surname: _____ Given Names: _____

Date of Birth: _____ Sex: Male Female

Phone: (H) _____ (M) _____

Medicare Number: _____ Reference Number: _____

Health Fund Name: _____ Health Fund Number: _____

STUDY REQUESTED

Diagnostic Sleep Study CPAP Implementation Study CPAP Review Study MSLT MWT

STOP BANG Questionnaire (must be completed by the referring doctor)

1. Snoring	Do you snore loudly (Louder than talking or loud enough to be heard through closed doors)?	Yes	No
2. Tired	Do you often feel tired, fatigued, or sleepy during daytime?	Yes	No
3. Observed	Has anyone observed you stop breathing during your sleep?	Yes	No
4. Blood pressure	Do you have or are you being treated for high blood pressure?	Yes	No
5. BMI	BMI more than 35 kg/m ² ?	Yes	No
6. Age	Age over 50 yr old?	Yes	No
7. Neck circumference	Neck circumference greater than 40cm?	Yes	No
8. Gender	Gender male?	Yes	No

Calculate one point for each yes. STOP BANG Score of < 4 suggests that the pt is not at high risk of severe OSA. MBS no longer fund Sleep Studies (IP or home based) if score < 4. If these measures are not met suggest consideration of other causes of the pt's symptoms ± referral to a sleep physician.

Epworth Sleepiness Scale (must be completed by referring doctor, see over)

Past Medical History

Obstructive sleep apnoea risk factors; Ischaemic heart disease Cerebrovascular disease

Obesity Hypertension Lung disease Cognitive impairment

Depression Diabetes Cardiomyopathy/CCF Suspected respiratory failure

Hypothyroidism Atrial fibrillation

Other: _____

Analgesic / Psychotropic Medications: _____

Referring Doctors Details:	Additional Reports to:
Name of referring Doctor:	Name:
Provider Number: _____ Date: _____	
Referring Doctor Signature:	Address:

BINDING MARGIN - DO NOT WRITE

SLEEP CENTRE BOOKING FORM

MR/391

