Nepean Blue Mountains Local Health District

Facility: NEPEAN

AMBULATORY SLEEP STUDY REQUEST

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	PHONE NO.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

ALL REQUESTS MUST BE ACCOMPANIED BY CORRESPONDENCE CONTAINING RELEVANT CLINICAL DETAILS

Co-morbidities: ☐ COPD ☐ CCF ☐ HTN ☐ IHD ☐ CVA ☐ AF ☐ ILD ☐ PH

☐ **Other(s):** _____

☐ **Physical disability:** _____ ☐ Home O_2

MUST FULFIL THE SCREENING CRITERIA (ADMINISTERED BY REFERRER)

STOP-BANG Score: _____ (3 or more) **AND** ESS: _____ (8 or more)

OR

OSA50 Score: _____ (5 or more) **AND** ESS: _____ (8 or more)

If the person does not fulfil the screening criteria, please refer to sleep specialist for further evaluation.

☐ Diagnostic Sleep Study ONLY:

☐ Diagnostic Sleep Study PLUS Physician Consultation:

Priority: ☐ High ☐ Standard ☐ Available at short notice?

Clinical summary:

REFERRER: _____ **REFERRED TO: DR M ALI TAHIR**

REFERRER PROVIDER NUMBER: _____ **DATE:** _____/_____/_____

SIGNATURE: _____

Hospital use only

Triage: ☐ CAT 1 (30 days) ☐ CAT 2 (<90 days) ☐ CAT 3 (365 days)

Checked by Sleep physician/AT: _____ Date of Booking: _____/_____/_____

Nepean Sleep and Respiratory Failure Service

Email: NBMLHD-SleepService@health.nsw.gov.au

Phone: (02) 4734 3784

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

NBMHR-0228A 080724

AMBULATORY SLEEP STUDY REQUEST NBMHR-0228

Nepean Blue Mountains Local Health District

Facility: NEPEAN

AMBULATORY SLEEP STUDY REQUEST

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	PHONE NO.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

STOP-BANG Sleep Apnoea Questionnaire

STOP		
Do you snore loudly?	☐ Yes	☐ No
Do you feel tired, fatigued or sleepy during daytime?	☐ Yes	☐ No
Has anyone observed you stop breathing or choking/gasping during your sleep?	☐ Yes	☐ No
Do you have or are you being treated for high blood pressure	☐ Yes	☐ No
BANG		
BMI >35Kg/m²?	☐ Yes	☐ No
Age > 50 years old?	☐ Yes	☐ No
Neck circumference >40 cm?	☐ Yes	☐ No
Gender: Male?	☐ Yes	☐ No
Total score		

Epworth Sleepiness Scale

How likely do you dose off or fall asleep during the following situation? 0: would never doze; 1: slight chance of dozing; 2: moderate chance of dozing; 3: high chance of dozing

Situation	Score (0-3)
Sitting and reading	
Watching TV	
Sitting, inactive in a public place	
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	

OSA50

Questionnaire	Points
Waist circumference – Male >102cm or Female >88cm (3 points if yes)	
Has your snoring ever bothered other people? (3 points if yes)	
Has anyone noticed that you stop breathing or choking/gasping during your sleep? (2 points if yes)	
Are you aged 50 years or over? (2 points if yes)	
Total out of 10 points	

NO WRITING