Katherine Diagnostic Imaging

Please complete:

	X if YES
Do you snore loudly?	□
Do you often feel tired, fatigued or sleepy during the daytime?	□
Has anyone noticed you stop breathing during your sleep?	□
Do you have or are you being treated for high blood pressure?	□

STOP Questionnarie (Chung F et al. Anesthesiology 2008 May; 108(5):812-21)

Patients answering **YES to 2 or more** of the above questions are at **high risk of having OSA** and may be referred directly for a home sleep study. The Epworth Sleepiness Scale (ESS) may also be used to further determine the necessityfor the investigation.

Medication Summary:

1)

2)

3)

4)

5)

6)

7)

8)

Patient Details:

Patient name:

Patient Address:

Date of Birth:

Medicare Number:

Daytime Contact Numbers:

Mobile number: Home/Work number:

Service/s Requested:

Home based Sleep Study – *patient sleeps in the comfort of their own home using a portable sleep diagnostic device*
Hospital Based Sleep Study
Private Health Insurance Coverage
Consultation with Respiratory & Sleep Physician

Additional Clinical Information:

Height: cm Weight: kg Neck Circumference: cm E.S.S Score:

Diabetes
Ischemic Heart Disease
Atrial Fibrillation
Other (*please specify)*:

Referring Doctor Details:

I would like to receive the report via: □ Fax □ Email □ Hard Copy

Name: Provider Number:

Address:

Phone number: Fax Number: Email:

Dr Signature: Date:

Please fax or email this form to the outlet location above, alternatively advise your patient to bring it to us and we can provide them with more information. Upon receiving this referral the consultant at Katherine Sleep Centre will arrange a sleep study for the patient and you will receive a full report on the outcome.

The Epworth Sleepiness Scale (ESS)

] How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you have not 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:

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 television	
Sitting inactive in a public place (e.g. cinemas or 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 lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
TOTAL SCORE:	

Score results:

1-6: Congratulations, you are getting enough sleep!

7-8: Your score is average

>9: Very sleepy and should seek medical advice

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