Am I at risk?

Do you...

- Snore?
- Choke or gasp while sleeping?
- Regularly "nod off" whilst seated?
- Feel tired during the day?
- Have morning headaches?
- Wake with a sore throat?

You may suffer from
SLEEP APNEA
Talk to your doctor today

Sleep Apnea is a Sleep Disordered Breathing problem that affects your sleep, health, and quality of life. Approximately 1 in 4 adults has sleep-disordered breathing, up to 80% of them are unaware of their condition and remain undiagnosed and untreated!

Treating even mild to moderate OSA with PAP may reduce the risk of fatal and non-fatal cardiovascular events*

*Myocardial infarction, stroke, acute coronary syndromes

If you feel you are at risk, fill out this form with the help of your GP

DBRO-SMTG-2577-1

Referral Date:

PATIENT INFORMATION:

Name:

DOB: D D M M Y Y Y Y Gender: M / F

Address:

Postcode:

Mobile:

Email:

Medicare:

Reference: Expiry: (DDYY)

DVA: Gold ☐ White ☐

REFERRING DOCTOR/PHYSICIAN DETAILS:

*This section must be completed for a valid referral

Name:

Surgery:

Postcode:

Provider Number:

Phone: Fax:

Email:

Doctors Signature:

Patient Height (cm) = **Weight (kg) =** **BMI (kg/m2) =**

STOP-Bang: A score of ≥ 3

- ☐ **S** Does the patient **SNORE** loudly?
- ☐ **T** Does the patient often feel **TIRED**, fatigued or sleep during daytime?
- ☐ **O** Has anyone **OBSERVED** the patient stop breathing during sleep?
- ☐ **P** Does the patient have or is the patient being treated for high blood **PRESSURE**?
- ☐ **B** Does the patient have a **BMI** more than 35?
- ☐ **A** **AGE** over 50 years old?
- ☐ **N** **NECK** circumference (shirt size) more than 40cm / 16 inches?
- ☐ **G** Is the patient a **MALE**?

TOTAL score Each question is 1 point

Epworth Sleepiness Scale Questionnaire: A score of ≥ 8

Situations	0	1	2	3
Sitting and Reading	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐
Sitting inactive in a public place (eg. theatre or meeting)	☐	☐	☐	☐
As a passenger in a car for an hour with no break	☐	☐	☐	☐
Laying down 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 traffic	☐	☐	☐	☐
TOTAL SCORE (add up score of total responses)				

OSA50: A score of ≥ 5

- ☐ **O** Obesity (3 points) — Waist circumference: Male > 102cm or Female >88cm
- ☐ **S** Snoring (3 points) — Has your patient's snoring ever bothered other people?
- ☐ **A** Apnea (2 points) — Has anyone noticed that your patient stopped breathing during sleep?
- ☐ **50** (2 points) — Is your patient aged 50 years or over?

TOTAL score

SYMPTOMS AND MEDICAL CONDITIONS

Diagnostic Sleep Study - to confirm diagnosis of Obstructive Sleep Apnea and specialist consultation where deemed appropriate by the sleep physician. Clinical history;

○ Sleepy Driving	○ Overweight	○ Witnessed apnea or choking	○ Depression
○ Cardiac Failure	○ Pacemaker	○ Family history (OSA)	○ Frequent Nocturia
○ Stroke /TIA	○ Regular Fatigue/ Daytime Sleepiness	○ Regular Loud Snoring	○ Neurological Issues
○ COPD	○ Type II Diabetes	○ Hypertension	○ Atrial Fibrillation

other:

Scan & Send to:

Medical Objects ID	**LA2015000JD**
HealthLink ID	**alhealth**
Fax	**1800 270 779**
Email	**sleepstudy@airliquide.com**

Our staff will contact your patient to book a convenient appointment if the referral is sent using one of the above options