



Sydney Respiratory and Sleep  
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<b>Patient Details:</b>	
Name:	DOB:
Address:	
Phone:	Email:
<b>Requested Service:</b>	
<input type="checkbox"/> Ambulatory sleep study and sleep physician review	<b>**Can be referred directly for sleep study if: ESS &gt;8 + STOP-BANG &gt; 3; OR ESS&gt;8 + OSA50 &gt; 5 AND patient does not have contraindications for home sleep apnea testing (PTO).</b>
<b>Clinical Information:</b>	
<b>Screening Tools:</b>	
<b>Epworth Sleepiness Scale:</b>	
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 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 <i>most appropriate number</i> for each situation: <b>0=would never dose      1=slight chance of dozing      2=moderate chance of dozing      3=high chance of dozing</b>	
<b>Situation</b>	<b>Chance of dozing (0-3)</b>
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theatre or a meeting)	
As a passenger in a car 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, stopped for a few minutes in the traffic	
Total	
<b>Epworth Sleepiness Scale Total Score &gt;8? <input type="checkbox"/></b>	
<b>STOP-BANG (circle answer)</b>	
Do you SNORE loudly? (louder than talking or 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
BMI more than 35kg/m <sup>2</sup> ?	Yes   No
AGE over 50 years old?	Yes   No
NECK circumference >17inches (43cm) for males, 16inches (41cm) for females?	Yes   No
GENDER: Male?	Yes   No
<b>STOP-BANG answered YES to total &gt;4 questions? <input type="checkbox"/></b>	
<b>OSA 50 Screening Questionnaire (if yes, circle)</b>	
Waist circumference (at umbilicus):	3
Male>102cm/Female>88cm	
Has your snoring ever bothered other people?	3
Has anyone noticed you stop breathing during your sleep?	2
Are you aged 50 years or over?	2
<b>OSA 50 Total Score &gt;5? <input type="checkbox"/></b>	
<b>Referrer Details:</b>	
Referring Physician Name:	Physician Signature:
Provider Number:	Date:
Email:	Phone:
	Fax:
Address:	



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### **Relative Contraindications to Ambulatory Sleep Study:**

In accordance with the Australasian Sleep Association's Guidelines for Sleep Studies in Adults, relative contraindications for an unattended sleep study to investigate suspected OSA include but are not limited to:

- a) intellectual disability or cognitive impairment;
- b) physical disability with inadequate carer attendance;
- c) significant co-morbid conditions including neuromuscular disease, heart failure or advanced respiratory disease where more complex disorders are likely;
- d) suspected respiratory failure where attended measurements are required, including measurement of carbon dioxide partial pressures;
- e) suspected parasomnia or seizure disorder;
- f) suspected condition where recording of body position is considered to be essential and would not be recorded as part of an unattended sleep study;
- g) previously failed or inconclusive unattended sleep study;
- h) unsuitable home environment including unsafe environments or where patients are homeless; and
- i) consumer preference based on a high level of anxiety about location of study or where there is unreasonable cost or disruption based on distance to be travelled, or home circumstances.

Consider referral for sleep physician assessment prior to study choice in these circumstances.