



### REPORTING PHYSICIAN

Dr. Geoffrey Williams  
Chest and Sleep Physician  
Provider No: 40845BA

Referral Date: \_\_\_/\_\_\_/\_\_\_

### SERVICES REQUESTED

- Overnight Ambulatory Investigation for Obstructive Sleep Apnoea  
*(please confirm eligibility criteria below)*
- CPAP Treatment Trial
- CPAP Treatment Review
- 24 hour ECG Holter Recording

### PATIENT DETAILS

Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Medicare No: \_\_\_\_\_

### SLEEP STUDY ELIGIBILITY CRITERIA *(two or more required) please tick as appropriate*

- Witnessed Apnoea or Choking
- Regular Loud Snoring
- Regular Fatigue or Sleepiness
- CV Risk – Obesity (BMI > 30), Hypertension, Cardiac Disease, Diabetes
- Epworth Sleepiness Scale (see over): \_\_\_\_\_

### REFERRING GENERAL PRACTITIONER

Doctor: \_\_\_\_\_ Provider No: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**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 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 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

***It is important that you answer each question as best you can.***

SITUATION	SCORE (0-3)
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theatre or a 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 traffic	
<b>TOTAL =</b>	