Breathe West

Western Sleep & Breathing Clinic

NAME: _____

ADDRESS: _____

_____

PLEASE FAX ALL REFERRALS
FAX: (03) 9011 9671
PH: 1300 487 588
ADMIN@BREATHEWEST.COM.AU

DOB: _____ PHONE: _____ MEDICARE NO: _____ PRIVATE HEALTH: YES ☐ NO ☐

REQUEST FOR: _____

CLINICAL NOTES: _____

REFERRING DOCTORS DETAILS: _____

COPIES TO: _____

DOCTORS SIGNATURE: _____ DATE: _____

SLEEP ASSESSMENT	SLEEP STUDIES	RESPIRATORY ASSESSMENT	LUNG FUNCTION TESTS
URGENT (appt. within 7 Days) ☐	Home Based Polysomnography ☐	URGENT (appt. within 7 Days) ☐	Spirometry & Gas Transfer ☐
Commercial Vehicle Driver or Pilot ☐	In Laboratory Polysomnography ☐	Lung Nodule or Lung Mass ☐	Spirometry Without Gas Transfer ☐
Coronary Heart Disease ☐	Private Hospital ☐	Severe Respiratory Disease ☐	6 Minute Walk Test ☐
Cerebrovascular Accident ☐	Public Hospital ☐	NON URGENT ☐	Bronchoprovocation Test (Mannitol Challenge) ☐
Hypertension requiring ⩾ 3 medications ☐	* To be considered for direct referral for a sleep study please complete the Epworth Sleepiness Scale and STOP BANG Form. MBS criteria requires ESS ⩾ 8 and STOP BANG ⩾ 4 to be eligible for direct referral for a sleep study.		
NON URGENT ☐			

STOP BANG QUESTIONNAIRE	Yes	No
1: SNORING Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	☐	☐
2: TIRED Do you often feel tired, fatigued, or sleepy during daytime?	☐	☐
3: OBSERVED Has anyone observed you stop breathing during your sleep?	☐	☐
4: BLOOD PRESSURE Do you have or are you being treated for high blood pressure?	☐	☐
5: BMI Is your BMI more than 35kg/m^2? (If unsure please leave blank)	☐	☐
6: AGE Are you over 50 years old?	☐	☐
7: NECK CIRCUMFERENCE Is your neck circumference greater than 40cm?	☐	☐
8: GENDER Are you male?	☐	☐

EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling tired? This refers to your usual way of life in recent times.

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
Sitting and reading?	
Watching TV?	
Sitting, inactive in a public place (eg. 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 persist?	
Sitting and talking to someone?	
Sitting quietly after a lunch without alcohol?	
In a car, as the driver, while stopped for a few minutes in traffic?	
TOTAL SCORE	

WEB: www.breathewest.com.au
FAX: (03) 9011 9671

ADDRESS: Suite 10, Circle Health, 230 Blackshaws Road Altona North VIC 3025
POSTAL ADDRESS: PO Box 2020, Altona East VIC 3025

We also consult from Hoppers Crossing, North Melbourne, St Albans & Gisborne.