



MACARTHUR LUNG & SLEEP

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HealthLink EDI **macalung**

PATIENT DETAILS

NAME _____ DOB _____

ADDRESS _____

E-MAIL _____ PHONE _____

REFERRAL SERVICES REQUESTED

- | | |
|---|---|
| <input type="checkbox"/> Respiratory or Sleep Consultation | <input type="checkbox"/> MIPs and MEPs (Tests of Respiratory Muscle Function) |
| <input type="checkbox"/> Complex lung function (Spirometry / Static Lung volumes / DLCO) | <input type="checkbox"/> Ambulatory diagnostic sleep study (Complete STOP-Bang & ESS if only for Sleep Study) |
| <input type="checkbox"/> Bronchial Provocation (Mannitol Challenge test), Skin Prick Test | <input type="checkbox"/> Flexible Video Nasal Endoscopy |

The criteria for Eligibility include a STOP-Bang score of ≥ 3 & an Epworth Sleepiness scale of ≥ 8

A. Does your patient have any of the following ? (STOP-Bang Questionnaire) Please tick where applicable.

- | | |
|---|--|
| <input type="checkbox"/> Snoring loudly (e.g. enough to be heard through closed doors / affecting bed-partners sleep) | <input type="checkbox"/> BMI $> 35 \text{ kg/m}^2$ |
| <input type="checkbox"/> Tired, fatigued or sleepy during wakeful hours | <input type="checkbox"/> Age $> 50 \text{ Y}$ |
| <input type="checkbox"/> Observed apnoeas or choking | <input type="checkbox"/> Neck size (43cm for male & 41cm for female) |
| <input type="checkbox"/> Being on treatment for hypertension | <input type="checkbox"/> Male Gender |

B. How likely is your patient to doze or fall asleep in the following situations, in contrast to feeling just tired ? (Epworth sleepiness score) Please score each.

0 = would never doze / 1 = slight chance of dozing / 2 = moderate chance of dozing / 3 = high chance of dozing

- | | |
|---|---|
| ● Sitting & Reading | ● Lying down to rest in the afternoon when circumstances permit |
| ● Watching TV | ● Sitting & Talking to someone |
| ● Sitting inactive in a public place (e. g. a theatre or a meeting) | ● Sitting quietly after lunch without alcohol |
| ● As a passenger in a car for an hour without a break | ● In a car, while stopped for a few minutes in the traffic |

CLINICAL DETAILS

REFERRING DOCTOR DETAILS

Please stamp / insert details (Including provider number)

SIGNATURE _____

DATE _____

☐ Please tick here to request more referrals

HOW TO FIND US



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Email admin@macarthurlungsleep.com.au HealthLink EDI **macalung**