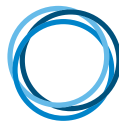

SLEEP **LIFE** BALANCE

For Healthy Sleep

HOME SLEEP STUDY REQUEST FORM

PATIENT DETAILS

NAME

CONTACT NUMBER | EMAIL

ADDRESS

DATE OF BIRTH | MEDICARE NUMBER

REFERRED BY

NAME | DATE

EMAIL

ADDRESS

PROVIDER NUMBER | SIGNATURE

FURTHER INFORMATION

REASON FOR TEST

EPWORTH SLEEPINESS SCORE

PLEASE CIRCLE ONLY ONE NUMBER PER ROW. HOW LIKELY ARE YOU TO DOZE OFF OR FALL ASLEEP IN THE FOLLOWING SITUATIONS;

0 = NEVER • **1** = SLIGHT CHANCE OF DOZING OFF • **2** = MODERATE CHANCE - SOMETIMES DOZE OFF • **3** = HIGH CHANCE - OFTEN DOZE OFF

SITTING AND READING	0	1	2	3
WATCHING TV	0	1	2	3
SITTING INACTIVE IN A PUBLIC PLACE	0	1	2	3
AS A PASSENGER IN A CAR	0	1	2	3
LYING DOWN TO REST IN THE AFTERNOON	0	1	2	3
SITTING TALKING TO SOMEONE	0	1	2	3
SITTING QUIETLY AFTER LUNCH WITHOUT ALCOHOL	0	1	2	3
IN A CAR, WHILE STOPPED AT THE LIGHTS	0	1	2	3
TOTAL				

OSA 50

OBESITY	IS YOUR WAIST CIRCUMFERENCE →102CM (MALE) OR →88CM (FEMALE) OR BMI →30?	3
SNORING	HAS YOUR SNORING BOTHERED OTHER PEOPLE?	3
APNOEA	HAS ANYONE NOTICED YOU STOP BREATHING WHILE ASLEEP?	2
50	ARE YOU AGED 50 YEARS OR OVER?	2
TOTAL		

DETAILS

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WE SUPPORT

For every home sleep study performed, a donation will be made to support sleep research.

LUNG & SLEEP