



**SOUTHWEST  
PULMONARY  
& SLEEP  
CENTRE**

**Suite 2.12, Level 2, TRN House**  
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**Healthlink EDI: sthwsccp**

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Address:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

Referral	
<input type="checkbox"/> Respiratory Appointment <input type="checkbox"/> Sleep Appointment	<input type="checkbox"/> Lung Function Test <input type="checkbox"/> Sleep Study (Stop Bang $\geq 4$ <b>AND</b> ESS $\geq 8$ ) <input type="checkbox"/> Dr Saurabh Gupta <input type="checkbox"/> Dr Haider Naqvi <input type="checkbox"/> First Available Appointment
Medical History	Symptoms
<input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Stroke	<input type="checkbox"/> Snoring <input type="checkbox"/> Restless Legs <input type="checkbox"/> Cough / Wheeze
<input type="checkbox"/> Diabetes <input type="checkbox"/> Atrial Fibrillation <input type="checkbox"/> Sleep Apnoea	<input type="checkbox"/> Witnessed Apnoea <input type="checkbox"/> Shortness of Breath / Daytime Sleepiness

STOP BANG Questionnaire	Y/N	ESS Questionnaire			
Does the patient <b>Snore</b> loudly?		How likely are you to doze off in these situations?			
Does the patient often feel <b>Tired</b> , fatigued, or sleepy during the daytime?		Never = 0	Slight = 1	Moderate = 2	High = 3
Has anyone <b>Observed</b> the patient stop breathing during sleep?		Sitting and reading			
Does the patient have, or is being treated for high blood <b>Pressure</b> ?		Sitting, inactive in a public place			
Does the patient have a <b>BMI</b> more than 35kg?		Sitting and talking to someone			
Is the patients <b>Age</b> over 50 years old?		As a passenger in a car for an hour without a break			
<b>Neck</b> circumference $>43$ cm (male) or $>41$ cm (female)?		Lying down to rest in the afternoon when circumstances permit			
Is the patients <b>Gender</b> male?		Watching television			
		Sitting quietly after lunch without alcohol			
		In a car, stopped for a few minutes in the traffic			
<b>TOTAL SCORE (YES = 1)</b>	<b>/8</b>	<b>TOTAL SCORE</b>			<b>/24</b>

**Referring Doctor:** \_\_\_\_\_ **Provider Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Healthlink EDI:** \_\_\_\_\_

**Signature/Stamp:** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_