



# Lung Function and Sleep Study Referral

## Wesley Pulmonary and Sleep Services

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Dr John Feenstra                      Dr Luke Garske

Patient name \_\_\_\_\_  
Date of birth \_\_\_\_\_  
Daytime/mobile number \_\_\_\_\_

### Pulmonary Investigation

- Complex Pulmonary Function (spirometry, lung volumes, gas transfer)
- Spirometry
- Spirometry + FeNO
- Bronchial Provocation
- Respiratory Muscle Strength (MIPS/MEPS)
- High Altitude Simulation Test
- Six Minute Walk Test
- Rhinomanometry

### Sleep Investigation

- Ambulatory Diagnostic Sleep Study (Home based/Portable)
- Sleep Physician Consultation

### Sleep Scores

Epworth Sleepiness score (see over page) \_\_\_\_\_  
 STOPBANG score (see over page) \_\_\_\_\_

### Medical Conditions/Clinical History

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Referring Doctor Details

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Provider Number \_\_\_\_\_

The following questionnaires must be completed as part of the referral process

## Epworth Sleepiness Questionnaire

For a Medicare subsidised sleep study a patient must score 8 or more

(Circle the number as appropriate for each row and tally the score)

How likely are you to doze off in the following situations?	No chance	Slight chance	Moderate chance	High chance
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive, in a public space	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
<b>TOTAL SCORE</b>				

## STOP BANG Questionnaire

For a Medicare subsidised sleep study a patient must score 4 or more

(Circle “yes” or “no” as appropriate for each row and tally the “yes” answers)

Do you <b>S</b> nore loudly?	<b>Yes</b>	<b>No</b>
Do you often feel <b>T</b> ired?	<b>Yes</b>	<b>No</b>
Has anyone <b>O</b> bserved you stop breathing or choking/gasping during your sleep?	<b>Yes</b>	<b>No</b>
Do you have or are you being treated for high blood <b>P</b> ressure?	<b>Yes</b>	<b>No</b>
Is your <b>B</b> ody mass index more than 35kg/M2?	<b>Yes</b>	<b>No</b>
Are you <b>A</b> ged older than 50?	<b>Yes</b>	<b>No</b>
Is your <b>N</b> eck size: for males 17 inches/43cm or larger? (For females 16 inches/41cm or larger? (measured around adams apple)	<b>Yes</b>	<b>No</b>
Is your <b>G</b> ender male?	<b>Yes</b>	<b>No</b>
<b>TOTAL “YES” ANSWERS</b>		