



# MACARTHUR LUNG & SLEEP

**DR. FAISAL CHOUDHURY**  
MBBS, MRCP ( UK ), FRACP

**DR. MICHAEL HAN**  
BMed, MD, FRACP

**DR. DEVESH THAKKAR**  
BMed, MD, FRACP

**DR. CONCEIÇÃO SANTOS**  
MBBS, MMed, MD, FRACP

**DR. SHIVA SUBRAMANYAM**  
MBBS ( Hons 1 ), MMed ( ClinEpi ), FRACP

**DR. PAUL AZZI**  
BMed, FRACP

**Main Office :** Centric Building D, Level 2, Suite 216, 4 Hyde Parade, Campbelltown NSW 2560

**Gregory Hills Branch :** Level 2, Suite 19, 13 Digitaria Drive, Gledswood Hills, NSW 2557

TEL **02 9058 5819** • FAX **02 9475 5439** • EMAIL **admin@macarthurlungsleep.com.au**

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 kg/m <sup>2</sup>                    |
| <input type="checkbox"/> Tired, fatigued or sleepy during wakeful hours   | <input type="checkbox"/> Age > 50 Y                                    |
| <input type="checkbox"/> Observed opnoeas 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)

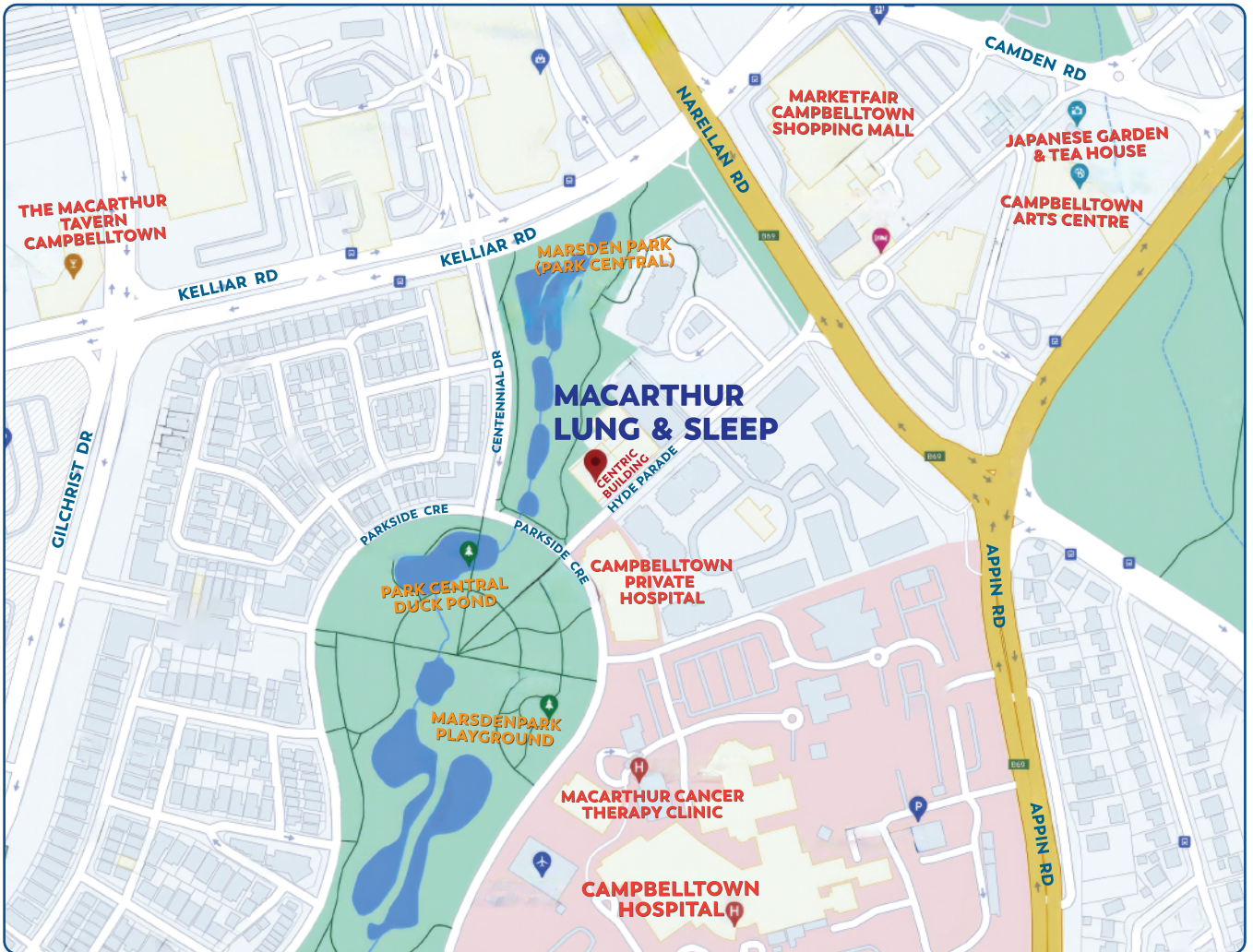
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SIGNATURE \_\_\_\_\_

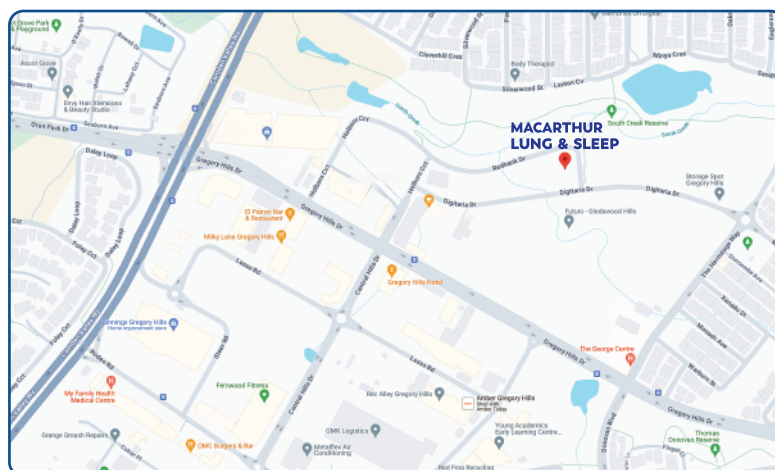
DATE \_\_\_\_\_

Please tick here to request more referrals

## HOW TO FIND OUR MAIN OFFICE



## HOW TO FIND OUR GREGORY HILLS BRANCH



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