Sleep Study Referral

TO BE COMPLETED BY THE REFERRER

CardioScan Aotearoa

First Name | Surname | NHI

Address | Town/City | Postcode | Date of Birth (DD/MM/YYYY)

Email | Phone | Gender

Test Required

Clinical Info

- ☐ Snoring
- ☐ Daytime Lethargy / Sleepiness
- ☐ Nocturnal Gasping / Choking
- ☐ Witnessed Apnoeas
- ☐ Unrefreshing Sleep
- ☐ Insomnia
- ☐ Restless Legs

Comorbidities

- ☐ Atrial Fibrillation
- ☐ Stroke/ TIA
- ☐ Hypertension
- ☐ Cardiac Failure
- ☐ Depression
- ☐ COPD
- ☐ Diabetes
- ☐ Other

Referrer's Name

Brief Clinical History / Reason for the Sleep Study

Medical History

STOP-Bang Questionnaire

		Yes	No
1	**Snoring:** Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	☐	☑
2	**Tired:** Do you often feel fatigued, or sleepy during daytime?	☑	☐
3	**Observed:** Has anyone observed you stop breathing during your sleep?	☑	☐
4	**Blood Pressure:** Do you have or are you being treated for high blood pressure?	☐	☑
5	**BMI:** BMI more than 35 kg/m2?	☑	☐
6	**Age:** Age over 50 years old?	☐	☑
7	**Neck circumference:** Neck circumference greater than 40cm?	☑	☐
8	**Gender:** Gender Male?	☐	☑

Total ☐ /8

Epworth Sleepiness Scale
- What is your chance of dozing in these situations?

Score each question (0, 1, 2, or 3)

1	Reading	☐
2	Watching TV	☐
3	Sitting inactive in a public place (e.g. cinema, meeting)	☐
4	As a passenger in a car for an hour without a break	☐
5	Lying down resting in the afternoon when circumstances permit	☐
6	Sitting and chatting to someone	☐
7	Sitting quietly after lunch (not having had alcohol)	☐
8	In a car when you stop in traffic for a few minutes	☐

SCORING: 0 - Would never doze 1 - Slight chance of dozing 2 - Moderate chance of dozing 3 - High chance of dozing

Total ☐ /24

Please tick ☑ clinic location

☑ **New Plymouth**
20 Robe Street,
New Plymouth 4310
T: 06 927 4925
E: bookings@cardioscan.co.nz

☐ **Rotorua**
1238 Haupapa Street,
Rotorua 3010
T: 07 242 7225
E: lakes@cardioscan.co.nz

☐ **Whanganui**
163 Wicksteed Street,
Whanganui, 4500
T: 06 347 9220
E: whanganui@cardioscan.co.nz

☐ **Palmerston North**
91 Milson Line, Unit 4, Roslyn,
Palmerston North 4414
T: 06 280 1369
E: midcentral@cardioscan.co.nz

0001_NZ