ISMC
Illawarra Sleep Medicine Centre

SERVICE REQUEST

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☐ **Dr Terry Sands**
M.B.B.S.FRACP
Consultant Physician/Paediatrics & Sleep Disorders

☐ **Dr Andrew Jones**
M.B.B.S.(Hons)FRACP
Consultant Chest & Sleep Physician

PATIENT INFORMATION

NAME: _____ PHONE: _____

ADDRESS: _____

GENDER: _____ DOB: _____

REFERRING DOCTOR

NAME: _____ PHONE: _____

ADDRESS: _____

PROVIDER NUMBER: _____

TYPE OF STUDY

- ☐ ATTENDED (IN LAB) STUDY
- ☐ HOME STUDY
- ☐ NO CONTRAINDICATION FOR HOME STUDY

SERVICE TYPE

- ☐ SLEEP STUDY
- ☐ SLEEP PHYSICIAN CONSULTATION PRIOR TO STUDY
- ☐ SLEEP PHYSICIAN CONSULTATION AFTER ABNORMAL STUDY

- ☐ STOP BANG score ≥4
- ☐ OSA-50 score ≥5
- ☐ ESS score ≥8

CLINICAL HISTORY

- ☐ SNORING
- ☐ SWEATY SLEEP
- ☐ RESTLESS SLEEP
- ☐ OBESITY
- ☐ HYPERTENSION
- ☐ OTHER: _____

SIGNATURE: _____ DATE: _____