



Sleep Dynamics
Foundations of Great Sleep

Referral to

<input checked="" type="checkbox"/> Dr Krishan Gupta	Sleep Dynamics	Screening Centre:
	PO Box 2050 Gateshead 2290	
OFFICE: 0240441260	FAX: 0240441263	EMAIL: referrals @sleepdynamics.com.au

Patient Information

Patient Name:	
DOB:	Email:
Telephone:	Mobile:
Address:	

Request

- Consultation Overnight Oximetry CPAP/APAP Treatment Trial
 Consultation/ PSG Sleep Study Lab Based PSG / Titration Bi Level Trial

Symptoms and Clinical History

Stop Bang: /8	ESS (Epworth Sleepiness Scale): /24
Excessive Snore: <input type="checkbox"/>	Morning Headache: <input type="checkbox"/>
Excessive Daytime Sleepiness: <input type="checkbox"/>	Poor Concentration: <input type="checkbox"/>
Witnessed Apnoea: <input type="checkbox"/>	Depression/ Anxiety: <input type="checkbox"/>
Hypertension: <input type="checkbox"/>	Heart Failure: <input type="checkbox"/>
Obesity: <input type="checkbox"/> BMI: Neck Circ:	Car Accident: <input type="checkbox"/>
Age:	Type II Diabetes: <input type="checkbox"/>
Gender:	Ishaemic Heart Disease: <input type="checkbox"/>
Commercial Drivers: <input type="checkbox"/>	Stroke/ TIA: <input type="checkbox"/>
COPD: <input type="checkbox"/>	Atrial Fibrillation: <input type="checkbox"/>

Referring Physician:

Referring Doctor:	Provider Number:
Practice Name:	Address:
Phone: Fax:	Email:
Signature:	Date:



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