Sleep Right
AUSTRALIA

Experts in snoring, sleep and sleep apnoea

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Patient: LYNETTE ADAMS

DOB: 24. 12. 1968

Address: 534 Bonnie Dran

Rd   Bobo South 3669

HGT: 166   **WGT:** 98   **BMI:**   **Phone:** 03 5790 8521

Mobile: 0455 317823

Email:

Medicare: 3143 40315712

ESS: 36.4   /24 (questionnaire back of page)

Service Requested:

☒ Sleep Test   ☐ CPAP Trial   ☐ Equipment Purchase

Symptoms:

☒ Snoring   ☒ Wake Unrefreshed   ☐ Depression   ☐ Tired Driving
☐ Gasping   ☒ Apnoea   ☐ Nocturia   ☐ Bruxism
☒ Chocking   ☐ Reflux   ☐ Wake Headache

Cardio-vascular Risk Factors:

☐ Smoking   ☒ Hypertension   ☐ Diabetes   ☐ Family History CVD

Active Medical Issues: Hypertension

Medications: Felodur

Dr: Mawarty   2hi Su

Provider: 4224477B

*Once referral is complete please fax, e-mail or post to Sleep Right Australia

Dr Zhi Su
Euroa Medical Family Practice
90 Binney Street
Clinic D EUROA VIC 3666
Phone: Provider NO: 42344778

RestMed

Sleep Right
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Morning Questionnaire

Answer as best you can

1. What time did you go to bed and get up? from _9:40 pm_ to _5:45 am_

2. How long did you take to fall asleep? .... _90_ .... mins

3. How many times did you wake during the night? ...._1_.... If possible, please list when and why:

Time: _1:05 am_ Reason: _Just woke-up_

Time: .... Reason: ....

Time: .... Reason: ....

Time: .... Reason: ....

5. Compared to normal:

a. How was your overall sleep quality?

☐ Much worse   ☐ Worse   ☒ Normal   ☐ Better   ☐ Much better

b. How was the time taken to fall asleep?

☐ Much worse   ☐ Worse   ☒ Normal   ☐ Better   ☐ Much better

6. Reason(s) why you are taking part in this sleep study?

☒ Snoring issues   ☐ Unrefreshing sleep   ☐ Doctor/Specialist recommendation
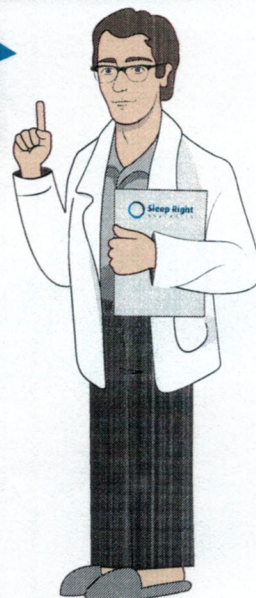
Other ....

7. Please list (time taken and name only) **prescribed medications, drugs, alcohol, caffeine or nicoteine taken in the past 24hrs:**

Cilamox   6:30 am   1:00 pm   7:00 pm.
Monoplus 6:30 am   Felodur 6:30 am

Epworth sleepiness score

Situation	Chance of Dozing
Sitting and reading	1
Watching TV	1
Sitting inactive in a public place (e.g. a theatre or a meeting)	0
As a passenger in a car for an hour without a break	0
Lying down to rest in the afternoon when circumstances permit	1
Sitting and talking to someone	0
Sitting quietly after a lunch without alcohol	1
In a car, while stopped for a few minutes in traffic	0

Score each situation 0 - 3 and total your score out of 24.

0 = no chance
1 = slight chance
2 = moderate chance
3 = high chance

_4_ /24

Height: _164_   Weight: _98_

Patient Information

Patient Name: _Lynette   Adams_   Date in morning: _21 / 10 / 15_

Home Phone: _03 57909521_   Mobile: _0458217823_

Email: ....   Medicare Number: _3143403157 /2_