



Darwin Respiratory and Sleep Health REQUEST FOR SLEEP STUDY

Ground Floor, Darwin Private Hospital, Rocklands Drive Tiwi NT 0810
 Ph: 08 8945 1972 F: 08 8920 6309 E: admin@darwinressleep.com
 www.darwinsleephealth.com.au

| | | | | |
|--|--|----------------|---|------------------------------|
| PATIENT DETAILS: | | | REQUESTING DOCTOR: | |
| SURNAME: | | | NAME: | |
| GIVEN NAMES: | | | | |
| DOB: | GENDER M <input type="checkbox"/> F <input type="checkbox"/> | | PROVIDER NUMBER: | |
| Phone | Mob | | ADDRESS: | |
| ADDRESS: | | | | |
| | | | Ph: | Fax: |
| PRIVATE HEALTH FUND NAME: | | MEMBERSHIP No: | | DVA <input type="checkbox"/> |
| NOT INSURED: <input type="checkbox"/> | | MEDICARE No: | | EXPIRY DATE: |
| PATIENT PRESENTATION: | | | PLEASE PROVIDE RELEVANT CLINICAL DETAILS: | |
| SNORING <input type="checkbox"/> WITNESSED APNOEAS <input type="checkbox"/> EXCESSIVE DAYTIME SLEEPINESS <input type="checkbox"/> DAYTIME FATIGUE AND TIREDNESS <input type="checkbox"/> DAYTIME IRRITABILITY / CONCENTRATION <input type="checkbox"/> UNUSUAL ACTIVITY DURING SLEEP <input type="checkbox"/> INSOMNIA <input type="checkbox"/> DEPRESSION AND ANXIETY <input type="checkbox"/> OTHER..... | | | PATIENT'S WEIGHT:.....KG COMORBID CONDITIONS: HYPERTENSION <input type="checkbox"/> DIABETES <input type="checkbox"/> HEART DISEASE <input type="checkbox"/> OTHER..... | |
| | | | DOES THE PATIENT REQUIRE NURSING OR SPECIAL ASSISTANCE DURING THE STUDY? Yes (please specify): No <input type="checkbox"/> | |
| STUDY REQUESTED: | | | PRIORITY: | |
| DIAGNOSTIC SLEEP STUDY <input type="checkbox"/> DIAGNOSTIC SLEEP STUDY with dental device <input type="checkbox"/> CPAP TITRATION STUDY <input type="checkbox"/> SPLIT NIGHT STUDY (specify split criteria) <input type="checkbox"/> MSLT <input type="checkbox"/> MWT <input type="checkbox"/> OVERNIGHT OXIMETRY <input type="checkbox"/> BI-LEVEL TITRATION STUDY <input type="checkbox"/> | | | URGENT <input type="checkbox"/> SEMI-URGENT <input type="checkbox"/> NOT URGENT <input type="checkbox"/> | |
| | | | SLEEP PHYSICIAN CONSULT REQUIRED BEFORE OR AFTER SLEEP STUDY?* BEFORE <input type="checkbox"/> AFTER <input type="checkbox"/> | |
| | | | DATE OF REQUEST: | |
| | | | REQUESTING DOCTOR SIGNATURE: | |

*Please note all patients are referred to Dr Subash Heraganahally (Respiratory & Sleep Physician) unless specified otherwise.

PATIENT INFORMATION

What is a sleep study?

A sleep study is a continuous recording of your sleep and breathing patterns overnight. It is a non-invasive test which requires a number of electrodes and sensors to be attached to you before you go to sleep. The attachment of these electrodes and sensors to the skin on your head and body is safe and will not hurt you.

Where will it be performed?

Your sleep study will be performed in a private room at Darwin Private Hospital.

What should I do during the day of my sleep study?

The aim of your sleep study is to measure and record a typical night's sleep so please keep to your normal daytime routine as much as possible.

The application of the electrodes and sensors requires your skin to be clean and free from any makeup or oils; showering and washing your hair just before your study will increase the likelihood of obtaining good readings from the electrodes and decrease the chances of having to repeat the study due to poor signals. For males, it's a good idea to have a shave before your study as we will be applying sensors to your chin. (It's okay if you have a beard though as we can part the hair to apply the sensors.)

If you are concerned that you may have trouble sleeping on the night of your study then you may wish to avoid excessive caffeine consumption on the day of your study (i.e. reduce coffee, tea or energy drink consumption after 3 pm). If this is a deviation from your normal routine, don't worry, you can report this to your sleep technologist who will record it for consideration when analysing your study later.

What should I bring with me?

- Your pyjamas or something to sleep in. (Remember, sleep technologists will be monitoring you overnight so if you normally sleep without clothes, you may feel more comfortable during your study wearing something).
- A list of current medications and any medications you would normally take in the evening or in the morning. (Our sleep technologists cannot dispense medications on the night of your study therefore it is very important you bring your medications with you.)
- OPTIONAL: Your own pillow (many people find it easier sleeping in a different environment when they have their own pillow); something to read (you will have a TV in the room, but you may want to read before bed instead).

IMPORTANT:

Please ensure you check with your insurance provider or the Darwin Private Hospital pre-admission staff that this procedure is covered by your health insurance policy, prior to admission.

If this study is not covered by your insurance policy, we advise you to bring it to our attention as soon as possible so that we can arrange an alternate mode of sleep study.

OFFICE USE ONLY

Patient ID:.....

Appt date:.....

Appt time:.....

Report distribution date:.....

Billing Date:.....

Billing Reference:.....