

# Sleep and Breathing Assessment

for patients with suspected sleep apnea

– a simple home-based test is now available

**Sleep disordered breathing** affects up to 25% of adults in Australia. This condition ranges from simple snoring to actually stopping breathing during the night (Sleep Apnea). Your health care provider can help determine if you have sleep apnea, and how to treat it.

The **Woolcock Institute of Medical Research**, an internationally recognised centre for sleep research, offers a **portable service** that can check your breathing while you sleep. Using the **Flow Wizard® airflow recorder**, this service provides a cost effective tool for the detection and management of sleep apnea.

**Important signs** of sleep related breathing problems:

- Loud snoring
- Excessive or inappropriate sleepiness during the daytime
- Observed pauses in your breathing during sleep
- Obesity is associated with a higher rate of sleep apnea
- Large neck size, small or rear-ward placed chin
- Apnea occurs at a higher rate in patients with diabetes, heart failure, and high blood pressure

This service is now available to patients and health care providers around Australia. Orders can be placed via the internet, telephone, fax or post (see reverse side of this page). A simple-to-use Flow Wizard® will be delivered directly to your house.

It takes about five minutes to set up and is comfortable for all night use. It will record for three nights.

After use, the recorder is returned to the Woolcock Institute of Medical Research via self-addressed postal pack for **immediate analysis**.

A simple and clear **report** is then sent to you and your health care provider, who can then make a decision on what other testing may be required, or what type of treatment (if any) should be started.

- Easy to use
- Home based assessment
- Direct to patient
- Cost effective
- Rapid turnaround
- 27 hours of recording
- High quality
- TGA approved
- Scientifically validated
- Specialist supervision
- Ideal for remote areas

**Please see your health care provider if you have any concerns about sleep apnea or other sleep conditions.**

**To learn more about this service or to order a test, visit:**

**[www.woolcock.org.au/flow.htm](http://www.woolcock.org.au/flow.htm)**

**T** +61 1300 880 721

**F** +61 2 9114 0010

**E** [flow@woolcock.org.au](mailto:flow@woolcock.org.au)

| leaders in breathing and sleep research |

**1. Patient details – \* required entries**

*please use block letters*

Title \_\_\_\_\_ \*First name \_\_\_\_\_ \*Surname \_\_\_\_\_  
\*Postal Address \_\_\_\_\_  
\*Suburb/Town \_\_\_\_\_ \*State \_\_\_\_\_ \*Post Code \_\_\_\_\_  
\*Phone \_\_\_\_\_  
 Home  Work  Mobile *please tick*  
Email \_\_\_\_\_  
Date of Birth *dd/mm/yy* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender  Male  Female

The following information is optional and may help with your assessment:

Weight \_\_\_\_\_ in  kg  lbs      Height \_\_\_\_\_ in  cm  inches  
Do you have a problem because you fall asleep easily during the daytime or evening?       Yes  No  
Are you aware that you snore regularly?       Yes  No

**2. Health Care Provider details – complete if you would like a copy of your report sent to your health care provider**

Organisation \_\_\_\_\_  
Title \_\_\_\_\_ \*First name \_\_\_\_\_ \*Surname \_\_\_\_\_  
\*Postal Address \_\_\_\_\_  
\*Suburb/Town \_\_\_\_\_ \*State \_\_\_\_\_ \*Post Code \_\_\_\_\_  
\*Phone \_\_\_\_\_ Email \_\_\_\_\_

**3. Order details – please tick the box to accept service and confirm your order**

I want to order the Sleep and Breathing Assessment service @ AUD\$190.00 (inc. postage)

**4. Payment details – choice of credit card, cheque or money order**

Total \$

**Credit Card**, please debit my:       Visa     Mastercard     Amex  
Card Number \_\_\_\_\_ Amex ID Number \_\_\_\_\_ Expiry Date *mm/yy* \_\_\_\_\_  
Name on Card \_\_\_\_\_ Signature \_\_\_\_\_  
 **Cheque**, made payable to the “Woolcock Institute of Medical Research” ABN 88 002 198 905, is enclosed.

**5. Send payment**

Please enclose this form with your cheque or money order and post it to: Woolcock Institute of Medical Research,  
Portable Diagnostics Service,  
Reply Paid M77, Missenden Rd,  
Camperdown NSW 2050

Credit card payments can be made by phone or fax: **Phone** 1300 880 721 **Fax** 02 9114 0010

Please add me to the Woolcock mailing list to receive news and information       via post       via email  
I am interested in participating in Woolcock research studies       Yes       No