Suspected obstructive sleep apnoea: referral

Original independent practice. Patient findings, dates and reported responses are fictional case facts, not general clinical recommendations. Allow 45 minutes: 5 minutes for reading and 40 minutes for writing. Assume that today is 3 November 2026. Mr Ngeno has returned for review, accompanied by his wife. You are Mr Godfrey Ngeno's general practitioner. Using the case notes, write a referral letter to Dr Makena Yussuf, Consultant Respiratory and Sleep Physician, Specialist Sleep Clinic, 38 Clinic Road, SW1A 2AA, United Kingdom, requesting assessment and appropriate overnight testing for suspected obstructive sleep apnoea. In your answer: expand the relevant notes into complete sentences; do not use note form; use letter format. The body of the letter should be approximately 180–200 words.

Choose one box per line: I = Include / C = Compress / O = Omit. Answers and reasons are on the webpage (scan QR).

	I	C	O
Patient details			
1. Name: Mr Godfrey Ngeno	☐	☐	☐
2. DOB: 22/01/1975 (51 yrs)	☐	☐	☐
3. Lives with wife; shares bedroom; her sleep disrupted by snoring	☐	☐	☐
Social and medical background			
4. Accounts clerk; regular weekday hours, no shift work; concentration important for work	☐	☐	☐
5. Does not drive or operate machinery; wife provides transport	☐	☐	☐
6. Brother claims own snoring is sleep apnoea; never medically assessed	☐	☐	☐
7. Brother's judgemental comment: patient naps because he is lazy	☐	☐	☐
8. Appendicectomy aged 19; no subsequent abdominal problems	☐	☐	☐
Initial review: 12 October 2026			
9. 12/10/26: loud snoring most nights for 6/12	☐	☐	☐
10. Daytime tiredness and morning headaches on most days; no previous sleep consultation	☐	☐	☐
11. Evening course → late nights; allowing only 5–6 hrs for sleep	☐	☐	☐
12. Alcohol near bedtime on most nights	☐	☐	☐
13. No collateral sleep history available at initial consultation	☐	☐	☐
14. Discussed regular bedtimes and avoiding alcohol near bedtime	☐	☐	☐
Initial review: 12 October 2026			
15. Review arranged after course; asked to bring wife for collateral history	☐	☐	☐
Current review: 3 November 2026			
16. 03/11/26: course finished 20/10; no ongoing evening study	☐	☐	☐
17. Now allows 7–8 hrs for sleep; reports stopping bedtime alcohol	☐	☐	☐
18. Morning headaches less frequent; still wakes unrefreshed	☐	☐	☐
19. Wife witnesses repeated breathing pauses → gasping; loud snoring persists	☐	☐	☐
20. Dozes during work meetings; concentration remains poor, with recent spreadsheet errors	☐	☐	☐
21. BMI 33 kg/m²; weight ↑ over preceding year after moving to desk-based role	☐	☐	☐
22. BP 138/86 mmHg; chest clear	☐	☐	☐
23. No previous sleep testing or treatment for sleep apnoea	☐	☐	☐
24. Wife attends current review; willing to describe night-time events to specialist	☐	☐	☐
Plan			
25. Suspected obstructive sleep apnoea; diagnosis/severity not established	☐	☐	☐
26. Refer to sleep clinic: assessment and appropriate overnight testing	☐	☐	☐
27. Patient agrees to referral; chiefly concerned about daytime functioning and work performance	☐	☐	☐

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