

Patient Details	
Patient Name:.....	M / F
DOB:/...../.....	Address:.....
..... Phone:.....	
Email:	
Medicare No: <input type="text"/>	Ref: <input type="text"/> Exp:...../.....
DVA Number:.....	<input type="checkbox"/> Gold <input type="checkbox"/> White

Referring Doctor's Details	
This section must be completed to be a valid referral	
Doctor:	
Address:	
.....	
Practice Name:	
Signature:	
Provider No: Date:/...../.....	

Medicare Approved Assessment Conditions

1. Patient Aged 18+
2. OSA50 score of 5+ **OR** STOPBANG score of 3+ **AND**
3. Epworth Sleepiness Scale of 8+
4. Home Sleep Study has not been claimed within the last 12 months from the date of this referral.

TESTS ORDERED

- HOME BASED SLEEP STUDY - Level 2 Medicare Funded**
For comprehensive sleep apnoea testing
Private studies available. Minors must be between the ages of 14-18
- SLEEP APNOEA SCREEN - Level 3 Private Pay**

OSA50 Screening Questions (Score out of 10 and the referral requires 5+)	
Circle all that apply	If "yes" circle
Waist circumference* Male >102cm or Female > 88cm	3 points
Snoring bothers others?	3 points
Witnessed apneas?	2 points
Age 50 or over?	2 points
Total OSA50 Score	Points
<small>*Waist measurement to be measured at the level of the umbilicus</small>	

STOPBANG Questionnaire (Score out of 8 and the referral requires 4+)	
Does the patient Snore?	1 point
Does the patient feel tired, fatigued or sleepy during the day time?	1 point
Has anyone observed the patient stop breathing or choking/gasping during their sleep?	1 point
Is the patient being treated for high blood pressure?	1 point
Is the patient's BMI greater than 35?	1 point
Is the patient's age 50 or older?	1 point
Is the patient's neck circumference greater than 40cm?	1 point
Is the patient's gender male?	1 point
Total STOP BANG Score	Points

Epworth Sleepiness Scale (ESS) - Circle all that apply (Score out of 24 and the referral requires 8+)

In the following situations, how likely is the patient to doze off or fall asleep, in contrast to just feeling tired?
Use the numeric scale below to determine the likelihood of dozing off in each of the situations below.

0 = No Chance 1 = Slight Chance 2 Moderate Chance 3 High Chance

Situations	Numeric Scale			
	0	1	2	3
Sitting and Reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place	0	1	2	3
As a passenger in a car for an hour with no break	0	1	2	3
Lying down in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (without alcohol)	0	1	2	3
Stopping in traffic for a few minutes while driving a car	0	1	2	3
Total ESS Score	Out of 24			

Referral Reason

- | | | |
|--|---|--|
| <input type="checkbox"/> Witnessed apnoea or choking | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Regular loud snoring | <input type="checkbox"/> Cardiac Disease/Arrhythmia | <input type="checkbox"/> Insomnia |
| <input type="checkbox"/> Regular Fatigue or Daytime Sleepiness | <input type="checkbox"/> Stroke | <input type="checkbox"/> Sleepy driving |
| <input type="checkbox"/> Obesity Height:.....cm Weight:.....kg | <input type="checkbox"/> Type II Diabetes | <input type="checkbox"/> Neurological Issues |
| <input type="checkbox"/> Frequent nocturia | <input type="checkbox"/> Other | |

Contraindications

Please confirm that the patient does not experience any of the contraindications for a home based sleep study listed: significant intellectual / cognitive impairment, significant physical disability without a carer's assistance, neuromuscular disease, advanced heart failure, advanced / Type II respiratory failure, seizure disorders, parasomnias, or an unsafe/undesirable home environment.

Tick to confirm no contraindication

Sleep Apnea is serious and if untreated, you may be at higher risk of a stroke, heart attack or a serious workplace accident.

We provide an accurate and comprehensive take home sleep study allowing you to be in the comfort of your own bedroom environment. Your sleep study will be facilitated by qualified staff, scored by a sleep scientist and reported on by a sleep specialist.

To book your sleep study with one of our clinicians.



ABN: 11 600 301 264

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 Web: sleeptestingaustralia.com.au

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Penrith

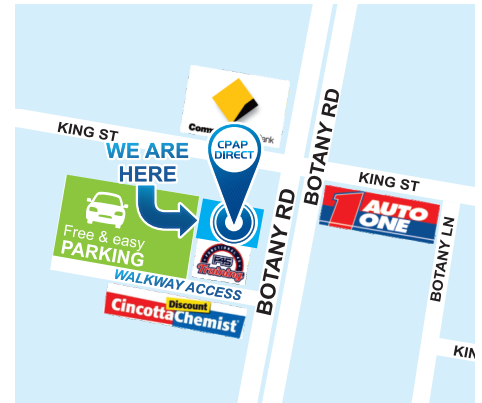
Phone: 02 4706 0489
 Shop 4, 55 York Rd
 Jamisontown
 NSW 2750



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Mascot

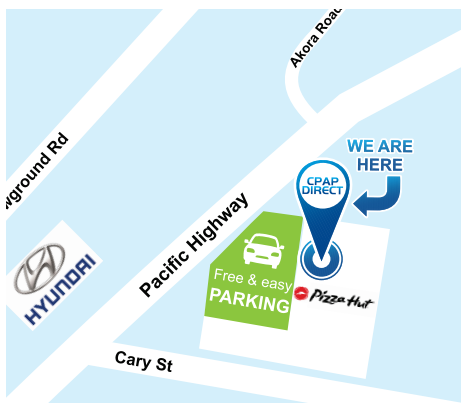
Phone: 02 8338 9675
 930A Botany Rd
 Mascot NSW 2020



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Gosford

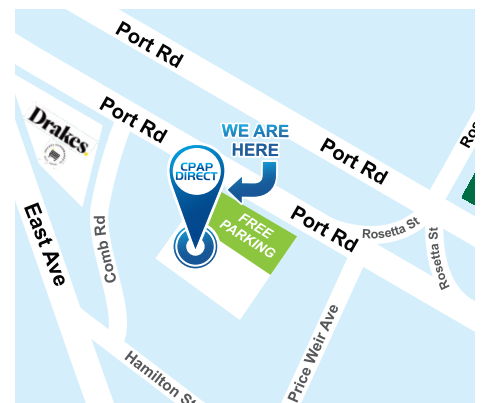
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