

Fax Referral Form to: 49 544352

A1 SLEEP MACKAY

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national
SleepDiagnostics

Sleep well. breathe easy.

IN HOME SLEEP TEST REFERRAL FORM

PO Box 115 Oakleigh, VIC 3166

PH: 1300 852 997

Email: info@sleepdiagnostics.com.au

Fax: 1300 852 998

Patient Details	
Patient Name:	M / F
DOB:/...../.....	Address:
..... Phone:	
Email:	
Medicare No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Ref: <input type="checkbox"/> 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:	
.....	
Phone:	Fax:
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.

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.

Situations	Numeric Scale			
	0 = No Chance	1 = Slight Chance	2 Moderate Chance	3 High Chance
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			

STOPBANG Questionnaire (Score out of 8 and the referral requires 4+)	
Does the patient Snore loudly?	1 point
Does the patient often 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 41cm (F) / 43cm (M)?	1 point
Is the patient's gender male?	1 point
Total STOP BANG Score	Points

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 apnoeas during sleep? (stopping breathing/choking/gasping)	2 points
Age 50 or over?	2 points
Total OSA50 Score	Points
*Waist measurement to be measured at the level of the umbilicus	