SleepServices Australia

Sleep Study Request

Ph: 1300 867 533 Fax: 1300 867 532 Email: Bookings@sleepservices.com.au

First Name: ______________ Surname: ______________ Gender: ______ D.O.B: ______

Address: ______________ Suburb: ______________ State: ______ Postcode: ______

Tel: ______________ Mobile: ______________ Medicare/DVA No.: ______________ Ref No.: ______

☐ Private ☐ Concession ☐ Workers' Comp ☐ Pre-Employment/OHS ☐ Yearly OHS Assessment

TEST REQUIRED:

Sleep Study Type:
- ☐ Diagnostic
- ☐ MAS Review
- ☐ CPAP Review
- ☐ Respiratory Signals Only

Other Services: (Head Office Only)
- ☐ Physician Consultation
- ☐ CPAP Trial
- ☐ CPAP Equip. Review

Respiratory Function Test: (Head Office Only)
- ☐ Spirometry
- ☐ Gas Transfer (DCLO)
- ☐ Lung Volume

CLINICAL INFO:
- ☐ Snoring
- ☐ Daytime Lethargy/Sleepiness
- ☐ Nocturnal Gasping/Choking
- ☐ Witnessed Apnoeas
- ☐ Other
- ☐ Unrefreshing Sleep
- ☐ Insomnia
- ☐ Restless Legs

COMORBIDITIES:
- ☐ Atrial Fibrillation
- ☐ Stroke/TIA
- ☐ Hypertension
- ☐ Cardiac Failure
- ☐ Other
- ☐ Diabetes
- ☐ Depression
- ☐ COPD

DATE RESULTS REQUIRED:

☐ Standard ☐ Urgent ☐ Email ☐ Fax

Copy Results: (List Full name, Address and contact details)

Requesting Doctor's contact details must be completed: (Provider No., Surname and Initial, Address, Phone and Fax)

Height ______ cms, **Weight** ______ Kgs. **BMI** ______ **Neck Circumference** ______ cms. **Age** ______

MEDICARE REQUIREMENTS

For a Sleep Study Test to be performed for your patient it is a Medicare requirement that the following questions **MUST BE ANSWERED** including the **STOP-Bang Scoring** **OR** **OSA50** **AND** the **Epworth Sleepiness Scale**

STOP-Bang Questionnaire (>3 to qualify)

1	**Snoring:** Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?	Yes	No
2	**Tired:** Do you often feel fatigued, or sleepy during daytime?	Yes	No
3	**Observed:** Has anyone observed you stop breathing during your sleep?	Yes	No
4	**Blood Pressure:** Do you have or are you being treated for high blood pressure?	Yes	No
5	**BMI:** BMI more than 35 kg/m2?	Yes	No
6	**Age:** Age over 50 years old?	Yes	No
7	**Neck circumference:** Neck circumference greater than 40cm?	Yes	No
8	**Gender:** Gender Male?	Yes	No
	TOTAL	**/8**	

OSA50 Questionnaire (>5 to qualify)

Obesity	Waist circumference Male > 102 cm Female > 88 cm	3 points
Snoring	Has their snoring ever bothered other people?	3 points
Apnoeas	Has anyone noticed them stop breathing during their sleep?	2 points
50	Are they aged 50 years or older?	2 points
	TOTAL	**/10**

Epworth Sleepiness Scale

0 - Would never doze. 1 - Slight chance of dozing. 2 - Moderate chance of dozing. 3 - High chance of dozing.

Scores below 8 do not qualify for a bulk-billed study and a consultation with a Sleep Physician is required.

		Score (0 - 3)
1	Reading	
2	Watching TV	
3	Sitting inactive in a public place (e.g. cinema, meeting)	
4	As a passenger in a car for an hour without a break	
5	Lying down resting in the afternoon when circumstances permit	
6	Sitting and chatting to someone	
7	Sitting quietly after lunch (not having had alcohol)	
8	In a car when you stop in traffic for a few minutes	
	Your overall Total:	**/24**