



Patient Name \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Medicare No. \_\_\_\_\_ Commercial drivers licence:  Yes  No

Address \_\_\_\_\_

**REFERRAL FOR SLEEP AND RESPIRATORY PHYSICIANS** (Please mark appropriate square/s)

- Home sleep study - All Medicare subsidised studies must meet the approved criteria below in accordance with Medicare item 12250. The assessment and appropriateness of home studies are overseen by a supervising sleep physician. Based on these assessments and the study findings, certain complex patients may require a sleep physician consultation.
- Sleep physician consultations - Medicare and DVA rebates apply. Consultation fee and wait times will vary.

**ESS Questionnaire** For a Medicare subsidised sleep study a patient must score 8 or more on the following: **TOTAL SCORE:**

**How likely are you to doze off in the following situations?**

Sitting and reading	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Watching television	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sitting inactive, in a public space	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Lying down to rest in the afternoon when circumstances permit	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sitting and talking to someone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sitting quietly after a lunch without alcohol	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
As a passenger in a car for an hour without a break	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
In a car, while stopped for a few minutes in traffic	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Use the following scale to choose the most appropriate answer:

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

**OSA50** For a Medicare subsidised sleep study a patient must score 5 or more: **TOTAL SCORE:** /10

<b>Obesity</b>	Waist circumference Male >102cm, Female >88cm (measured at the umbilicus)	_____ cm	<input type="checkbox"/> 3
<b>Snoring</b>	Has your snoring bothered other people?		<input type="checkbox"/> 3
<b>Apnoea</b>	Has anyone noticed that you stop breathing during your sleep?		<input type="checkbox"/> 2
<b>50</b>	Are you aged over 50?		<input type="checkbox"/> 2

**INDICATIONS & SYMPTOMS** (Please mark appropriate square/s)

- Snoring  Witnessed apneas / nocturnal gasping / choking  Daytime lethargy / sleepiness  Cognitive impairment
- Waking with headache  Weight gain  Restless sleep  Insomnia  Irritability  Broken or unrefreshing sleep
- Nocturia  Bruxism  Nightmares  Periodic Limb Movements (PLMS, RLS)

**RELEVANT MEDICAL CONDITIONS** (Please mark appropriate square/s)

- Hypertension  Cardiac failure  Stroke /TIA  COPD  Overweight  Pacemaker  Type II Diabetes
- Atrial fibrillation  Family history (DSA)  Clinical history (optional, attach notes to this referral)
- Other \_\_\_\_\_

**For this referral to be valid, please ensure the following details are completed:**

Referring Dr. Name \_\_\_\_\_

Provider No. \_\_\_\_\_ Referral Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Practice Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_  Medical objects secure messaging

Referring Dr. Signature: \_\_\_\_\_



## PATIENT INFORMATION

### IF YOU ARE ILL:

If you have a cold or flu, please telephone us as soon as possible to reschedule your sleep study as illness will affect your sleep study results.

### PREPARATION:

Please be showered and ready for bed as you will not be able to remove your clothes once you have the machine placed on. Do not wear make-up or moisturizers for your appointment.

### WHAT TO BRING:

- Doctor's Referral
- Medicare Card
- Sleeping Clothes

### LOCATION:

Patient will be set up in the clinic and sent home for the night.  
16 City Road, Beenleigh Qld 4207  
(1 min from M1)

