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40 Katherine Terrace South NT 0850

REQUEST FOR: In Home Sleep Test

Level 2 PSG or Level 3 OSA Test

Patient Details	Referring Doctor's Details
Patient Name: M/.L	Doctor:
DOB:/Address:	Address:
Phone:	
Email:	Practice Name:
Medicare No: () (t) (t) (Exp:/	Signature:
DVA Number: Gold White	Provider No:Date:/

Medicare Approved Assessment Conditions

- 1. Patient Aged 18+
- 2. OSA50 score of 5+ OR STOPBANG score of 3+
- 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.

For patients not meeting Medicare criteria, a pre-test specialist consultation can be requested

TESTS ORDERED			
PSG SLEEP STUDY AMBULATORY - Level 2 Medicare Approved Private studies available. Minors must be between the ages of 14-18			
Pre-test consultation if Medicare criteria unmet			
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* 3 points Male >102cm or Female > 88cm Snoring bothers others? 3 points Witnessed apneas? 2 points Age 50 or over? 2 points **Total OSA50 Score Points** ★Waist measurement to be measured at the level of the umbilicus

(Score out of 8 and the referral requires 3+)				
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			

STOPBANG Questionnaire

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 Ch	ance 3 High	Chance	
Situations		Numeric Scale		
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 o	of 24	

Patient Statistics for Sleep Study					
Height:cm	Neck Circumference:cm				
Weight:kg	Normal Bedtime:				
Referral Reason					
Witnessed apnoea or choking	Hypertension	Depression			
Regular loud snoring	Cardiac Disease/Arrhythmia	Insomnia			
Regular Fatigue or Daytime Sleepiness	Stroke	Sleepy driving			
Obesity Height: Weight:kg	Type II Diabetes	Neurological Issues			
Frequent nocturia	Other				

Patients with one or more of the following conditions are unsuitable for a home sleep study: Neuropsychological, severe intellectual or physical disability conditions or where video confirmation is essential for diagnosis (parasomnias /RLS). Sleep apnea is serious and if untreated, you may be at a higher risk ofa stroke, heart attack or a serious workplace accident. Having a detailed sleep study is the first step toward getting your liveliness back and living the life you deserve. 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. By dealing with us, you can expect quick results and expert advice on treatment options moving forward.

To book your sleep study with one of our clinicians.



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