

### REQUEST FOR IN HOME SLEEP TEST Level 2 PSG or Level 3 OSA Test

Patient Details	Referring Doctor's Details
Patient Name:..... DOB: ...../...../.....	Doctor: .....
Address:.....	Address: .....
..... Phone:.....	.....
Email: .....	Practice Name: .....
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:...../.....	Signature: .....
DVA Number:..... <input type="checkbox"/> Gold <input type="checkbox"/> 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

<input type="checkbox"/> <b>PSG SLEEP STUDY AMBULATORY - Level 2 Medicare Approved</b> <small>Private studies available. Minors must be between the ages of 14-18</small>	<input type="checkbox"/> <b>SLEEP APNOEA SCREEN - Level 3 Private Pay</b>
<input type="checkbox"/> <b>Pre-test consultation if Medicare criteria unmet</b>	

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

STOPBANG Questionnaire <small>(Score out of 8 and the referral requires 3+)</small>	
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
<b>Total STOP BANG Score</b>	<b>Points</b>

**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
<b>Total ESS Score</b>	<b>Out of 24</b>			

## Referral Reason

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

Call

(08) 8971 155

Email

sleepkdi@gmail.com

# Sleep Centre KATHERINE

Call

1300 559 583

Email

info@sleeptestingaustralia.com.au

Fax

1300 298 161

# SLEEP TESTING AUSTRALIA

**Katherine Sleep Centre**  
**(Katherine Diagnostic Imaging)**  
**40 Katherine Terrace**  
**KATHERINE NT 0850**

