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## Sleep Study Referral

### Patient Details:

Surname: \_\_\_\_\_ Gender: \_\_\_\_\_

First Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Private Insurance       DVA       Commercial Driver / Heavy Vehicle License

### Referring Doctors Details:

Doctor Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Email: \_\_\_\_\_

CC Dr: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Stamp

### Clinical Information:

\_\_\_\_\_

### Diagnostic study:

Level 2 Home Study       Medicare rebate eligible (see over page)       Privately funded (not meeting Medicare Requirements)

Or

### Sleep and Respiratory Physicians ONLY

In-lab attended study       Unsuitable for home study       Reason: \_\_\_\_\_

### Treatment study:

CPAP titration       CPAP review study       Dental splint study       NIV       ASV       MWT       MSLT

### Symptoms:

<input type="checkbox"/> Snoring	<input type="checkbox"/> Witnesses apnoeas	<input type="checkbox"/> Nocturia
<input type="checkbox"/> Morning headaches	<input type="checkbox"/> Concentration / memory problems	<input type="checkbox"/> Restless legs
<input type="checkbox"/> Dry mouth when waking	<input type="checkbox"/> Daytime tiredness/sleepiness	<input type="checkbox"/> Drowsy Driving
<input type="checkbox"/> Choking / gasping awakenings		

### Comorbidities:

<input type="checkbox"/> COPD	<input type="checkbox"/> Cardiac Arrhythmias / Atrial Fibrillation	<input type="checkbox"/> Hypertension
<input type="checkbox"/> CCF	<input type="checkbox"/> Movement disorders	<input type="checkbox"/> Parasomnia
<input type="checkbox"/> Neurological disease	<input type="checkbox"/> Possible central sleep apnoea	<input type="checkbox"/> Type 2 diabetes
<input type="checkbox"/> Ischaemic Heart Disease	<input type="checkbox"/> Chronic Pain	

## OSA50 Questionnaire

Is the waist circumference >102cm if male or >88cm if female?	3
Has the patient's snoring ever bothered other people?	3
Has anyone reported apnoeas during the patient's sleep?	2
Is the patient over 50 years of age?	2
<b>Total</b>	<b>/10</b>

## Epworth Sleepiness Scale (ESS)

Situation	No chance of dozing	Slight chance of dozing	Moderate chance of dozing	High chance of dozing
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive, in a public place (e.g. in a meeting, theatre or dinner event)	0	1	2	3
As a passenger in a car for an hour or more without stopping for a break	0	1	2	3
Lying down to rest when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (without alcohol)	0	1	2	3
In a car, while stopped for a few minutes in traffic or at a light	0	1	2	3
<b>Total:</b>				<b>/24</b>

For a Medicare subsidised sleep study, patients referred must report symptomatic sleepiness via an Epworth score  $\geq 8$  and have moderate to severe likelihood of Obstructive Sleep Apnoea via OSA50 score of  $\geq 5$ .

