REFERRAL REQUEST FORM
Consultation / Home Sleep Study

new sleep

Please send completed form to **admin@newsleep.com.au**, or through Medical Objects.

☐ Sleep Consultation Referral Date:

☐ Home Sleep Study › See next page to review criteria for Medicare-funded study.

Patient Information												
Name:												
DOB:									Gender:			
Address:												
									Postcode:			
Mobile:												
Email:												
Medicare:											Reference #:	
DVA:	☐ Gold ☐ White											

Reason for referral, Clinical notes and Clinical priority:

Referring Doctor	
Name:	
Address:	
Provider No.:	
Signature:	
Date:	

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HOME SLEEP STUDY QUESTIONNAIRE

new sleep

NOTE: For referrals from all doctors aside from Respiratory/Sleep Physicians:
To receive Medicare rebate for study, score: **ESS ≥ 8** AND **STOPBANG ≥ 3**, OR **OSA50 ≥ 5**. Higher fees will apply for non medicare rebated studies.

Epworth Sleepiness Scale - Patient Must Score **8 or Above**

How likely are you to doze/fall asleep in the following situations?	Never	Slight	Moderate	High
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (e.g. meeting, theatre)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon 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 the traffic	0	1	2	3

Total score: ☐

STOP BANG Questionnaire - Patient Must Score **3 or Above** (Each question = 1 pt)

- S ☐ Does the patient **SNORE** loudly?
- T ☐ Does the patient often feel **TIRED**, fatigued or sleep during daytime?
- O ☐ Has anyone **OBSERVED** the patient stop breathing during sleep?
- P ☐ Does the patient have or is the patient being treated for high blood **PRESSURE**?
- B ☐ Does the patient have a **BMI** more than 35?
- A ☐ **AGE** over 50 years old?
- N ☐ **NECK** circumference (shirt size) more than 40cm / 16 inches?
- G ☐ **GENDER**: Is the patient a MALE?

Total score: ☐

OSA50 - Patient Must Score **5 or Above**

- O ☐ **OBESITY** - Waist circumference: Male >102cm or Female >88cm (3 pts)
- S ☐ **SNORING** - Has your patient's snoring ever bothered other people? (3 pts)
- A ☐ **APNEA** - Has anyone noticed that your patient stopped breathing during sleep? (2 pts)
- 50 ☐ **AGE** - Is your patient aged 50 years or over? (2 pts)

Total score: ☐