

## Home-based sleep study assessment and request form

### Patient details:

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Medicare number: \_\_\_\_\_ Ref. No. \_\_\_\_\_

Phone number: \_\_\_\_\_

### Referring doctor: (DOCTOR TO COMPLETE)

Name: \_\_\_\_\_ Provider number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

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

### Patient measurements: (DOCTOR TO COMPLETE)

Height \_\_\_\_\_ m Weight \_\_\_\_\_ kg BMI \_\_\_\_\_ kg/m<sup>2</sup> Neck circumference \_\_\_\_\_ cm

### Exclusion criteria (DOCTOR TO COMPLETE)

*If any of the following apply, direct referral for a home sleep study is not appropriate and initial assessment by a medical sleep specialist is recommended.*

Intellectual disability / cognitive impairment	
Uncontrolled psychiatric disorder	
Physical disability with inadequate carer attendance	
Neuromuscular disease	
Chest wall deformity	
BMI $\geq$ 35	
Significant respiratory disease	
History of heart failure	
On opiate or sedative drugs	
Alcohol abuse	
Sleep-related disorders other than obstructive sleep apnoea suspected*	
Seeking review of an intervention for obstructive sleep apnoea	
Previously failed or inconclusive home sleep study	
Unsuitable home environment	
Patient prefers laboratory sleep study	

\*e.g. abnormal behaviours or movements during sleep

A patient referred directly for a home sleep study (Item 12250) must fulfil Epworth Sleepiness Scale **AND** either STOP-Bang **OR** OSA 50 criteria below to be eligible for Medicare funding of the study.

Note: Only MBS-funded once in a 12-month period.

### Epworth Sleepiness Scale

Situation	Chance of dozing / sleeping			
	Never	Slight	Mod.	High
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. theatre or meeting)	0	1	2	3
As a passenger in a car for one 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 a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

Total out of 24: \_\_\_\_\_ (≥ to qualify under MBS)

### STOP-Bang Questionnaire

	Points
Do you <b>Snore</b> loudly (heard through a closed door)?	1
Do you feel <b>Tired</b> , fatigued or sleepy during the day?	1
Has anyone <b>Observed</b> you stop breathing during your sleep?	1
Do you have or are you being treated for high blood <b>Pressure</b> ?	1
Is the <b>BMI</b> greater than 35?	1
<b>Aged</b> 50 years or older?	1
Is the <b>Neck</b> circumference greater than 40cm?	1
<b>Gender</b> : male?	1

Total: \_\_\_\_\_ (≥ to qualify under MBS)

### OSA 50 Questionnaire

	Points
<b>Obesity</b> Waist circumference*: Male >102cm Female >88cm	3
<b>Snoring</b> Has your snoring ever bothered other people?	3
<b>Apnoeas</b> Has anyone noticed you stop breathing during your sleep?	2
<b>50</b> Are you aged 50 years or older?	2

\*Measured at level of umbilicus

Total: \_\_\_\_\_ (≥ to qualify under MBS)

### Sleep study set-up:

Sleep technician: \_\_\_\_\_

Date: \_\_\_\_\_ Start time: \_\_\_\_\_ Finish time: \_\_\_\_\_