

Sleep Study Referral

To screen & test for sleep issues, please fill in this form.

A GP or Specialist will need to complete the Referring Practitioner Section for a Medicare rebate.

Sleep & Respiratory Physicians

Dr. Maitri Munsif Provider Number 461473DH

Type of Sleep Study Diagnostic (Home sleep study)

Patient Details

Name Male Female DOB / /

Email Mobile

Address

Medicare Number DVA

Age Height (cm) Weight (kg)

BMI (kg/m²) Neck (cm) Waist (cm)

Referring Practitioner Section GP Specialist

Name Provider No.

Address

Phone Email/ Fax

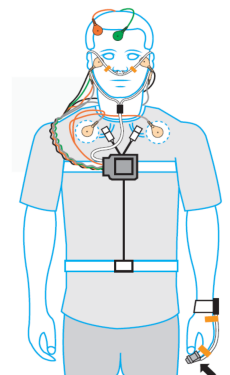
Signature Date

A Medicare rebate applies under the following conditions:

1. Age 18+
2. Epworth Sleepiness Scale of 8+
3. STOP BANG of 3+ OR OSA50 of 5+

A Medicare rebate cannot apply if a home sleep study claim was made within the last 12 months.

We can proceed with a private sleep study. Please contact CPAP Healthcare for further details.



STOP BANG Questions - tick all that apply

- | | | |
|--|--|--|
| <input type="checkbox"/> Snoring (1pt) | <input type="checkbox"/> High blood pressure (1pt) | <input type="checkbox"/> Neck, Male or Female > 40cm (1pt) |
| <input type="checkbox"/> Observed stop breathing (1pt) | <input type="checkbox"/> BMI over 35 kg/m ² (1pt) | <input type="checkbox"/> Gender is Male (1pt) |
| <input type="checkbox"/> Often tired, fatigued or sleepy (1pt) | <input type="checkbox"/> Age over 50 (1pt) | |

Total STOP BANG / 8

OSA50 Questions - tick all that apply

- Snoring bothers others (3pts)
- Observed stops breathing (2pts)
- Age 50 or over (2pts)
- Waist - Male > 102cm, Female > 88cm (3pts)

Total OSA50 / 10

Reasons for a Sleep Study

- | | | | |
|---|--------------------------------------|---|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Acid reflux | <input type="checkbox"/> Sleepy when driving | <input type="checkbox"/> Wakes with a headache |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Bruxism | <input type="checkbox"/> Pre-surgery | <input type="checkbox"/> Wakes unrefreshed |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> TMJ Pain | <input type="checkbox"/> Libido loss | <input type="checkbox"/> Wakes with dry mouth |
| <input type="checkbox"/> Type II Diabetes | | <input type="checkbox"/> Urinating at night (# ___) | <input type="checkbox"/> Wakes choking, gasping or coughing |

Other: _____

Epworth Sleepiness Scale (ESS)

The Epworth Sleepiness Scale has been designed to measure a patient's likely daytime sleepiness.

How likely are they to doze off during the day in the following situations?

It is important to answer each question. Even if the situation has not been experienced recently, try to work out the best possible answer. The sleepiness score is not valid if a question is missed.

Determine the Level of Sleepiness for Your Patient

Use the numeric scale to determine the likelihood of dozing off in each of the situations below.

Tick the appropriate rating to determine the sleepiness score.

Situation	0 None	1 Slight	2 Moderate	3 High
Sitting and reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting inactive in a public place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
As a passenger in a car for an hour with no break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying down to rest in the afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting and talking to someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting quietly after lunch without alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stopped in traffic for a few minutes while driving a car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total ESS / 24