

# Referral Form

Please send your referral to our Head Office via fax or email.  
Phone: 0401 372 543  
Fax: 07 5478 800  
Email: [referral@snorestop.com.au](mailto:referral@snorestop.com.au)  
We will contact your patient to book an appointment.

## Patient Details

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Gender: Female ☐ Male ☐  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
Medicare No.: \_\_\_\_\_ Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg BMI: \_\_\_\_\_ Neck Circ: \_\_\_\_\_ cm  
Driver's License Type (if applicable): Light ☐ Heavy ☐ Commercial ☐

## Referral for sleep and respiratory physicians (Please mark appropriate circle/s)

- ☐ Home sleep study - All Medicare subsidised studies must meet the approved criteria below in accordance with Medicare item 12250. The assessment and appropriateness of home studies are overseen by a supervising sleep physician. Based on the assessments and the study findings, certain complex patients may require a sleep physician consultation.
- ☐ Sleep physician consultations - Medicare and DVA rebates apply. Available at selected site only. Consultation fee and wait times will vary

## Other services Required

- ☐ PAP Trial / Review  
☐ Oximetry assessment with PAP therapy  
☐ Positional therapy  
☐ Sleep hygiene assessment
- ☐ Mandibular advancement oral device, for the treatment of snoring and sleep apnoea  
☐ CPAP titration study

## Relevant Medical Condition(s) (Please tick all applicable boxes)

- ☐ Atrial Fibrillation  
☐ Family history of OSA  
☐ COPD/Respiratory failure  
☐ Restless sleep/Irritability
- ☐ Weight gain  
☐ CCF/IHD  
☐ Insomnia  
☐ Type 2 diabetes
- ☐ Headaches  
☐ CVA/TIA  
☐ Other: \_\_\_\_\_

Communicable diseases (If applicable): \_\_\_\_\_  
Disability (If applicable): \_\_\_\_\_

### Referring Doctor

☐ GP  
☐ Physician *Specialty*: \_\_\_\_\_  
Name: \_\_\_\_\_  
Provider No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### Sleep study reported by QLD Snore Clinic's Sleep & Respiratory Specialist

Dr Benjamin Ng  
Ivy Medical Specialists  
109/10 Norbrick Drive  
Bella Vista NSW 2153  
P 02 88247800

How would you like to receive the report for patient review?  
☐ Email: \_\_\_\_\_  
☐ Fax: \_\_\_\_\_ ☐ Hard Copy

To determine eligibility for Medicare Subsidised Sleep Study, please ensure the questionnaires on both sections behind this page are completed.

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## SECTION 1 - Please complete the ESS with your patient.

The Epworth Sleepiness Scale (ESS) How likely are you to doze off in these situations?	Never (0)	Slight (1)	Moderate (2)	High (3)
Sitting and reading				
Watching television				
Sitting inactive in a public place (e.g. a theatre or meeting)				
As a passenger in a car for an hour without a break				
Lying down to rest in the afternoon when circumstances permit				
Sitting and talking to someone				
Sitting quietly after a lunch without alcohol				
In a car, while stopped for a few minutes in traffic				
<b>TOTAL SCORE</b>	<b>OUT OF 24</b>			

### DID YOUR PATIENT SCORE $\geq 8$ ?

**YES** - Please proceed to Section 2 to determine the Medicare eligibility of a Sleep Study

**NO** - Patient does not meet the Medicare criteria for a Sleep Study.  
 Please fax this referral to us for a Sleep Physician consultation.

## SECTION 2 - Please complete STOP-BANG Questionnaire or OSA 50 Screening Questionnaire with your patient.

STOP-BANG Questionnaire	YES	NO
Do you snore loudly?		
Do you often feel tired, fatigued, or sleepy during the daytime?		
Has anyone observed you stop breathing during your sleep?		
Do you have or are you being treated for high blood pressure?		
Are you obese/very overweight - BMI more than 35 kg/m <sup>2</sup> ?		
Age over 50 years old?		
Neck circumference greater than: 43cm (male) or 41cm (female)		
Are you male?		
<b>TOTAL SCORE (1 point for each YES)</b>	<b>OUT OF 8</b>	

Total Score must be  $> 4$  to meet Medicare criteria.

OR

OSA 50 Screening Questionnaire	If YES, score
Waist circumference: Male $> 102$ cm Females $> 88$ cm	3
Has your snoring ever bothered other people?	3
Has anyone noticed you stop breathing during your sleep?	2
Are you aged 50 years or over?	2
<b>TOTAL SCORE</b>	<b>OUT OF 10</b>

Total Score must be  $\geq 5$  to meet Medicare criteria.

## PATIENT ELIGIBILITY - Please tick accordingly

**Epworth Sleepiness Scale**  
 Patient must score 8 or more



**STOP - BANG or OSA 50**  
 Patient must score  $\geq 4$  or  $\geq 5$



Patient is eligible

<b>YES</b>	my patient has high suspicion of Sleep Apnoea and meets the Medicare requirements for a Medicare Subsidised Sleep Study. Please proceed to facilitate the Sleep study by a supervising Sleep Physician.
<b>NO</b>	my patient does not meet Medicare requirements for a Medicare Subsidised Sleep Study. Please arrange for a Sleep Physician consultation to determine the necessity for a Sleep Study for my patient.

Please fax or email this referral to the contact details. Upon receiving this referral, we will contact the patient to organise the service(s) listed and you will receive a full report on the outcome.