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REQUEST FOR: In Home Sleep Test

Level 2 PSG or Level 3 OSA Test

Patient Details					
Patient Name:	//				
Address:					
Telephone Number: Pension:	DVA:				
Medicare Number:					
Email Address:					
Tests Ordered					
Level 2 PSG (Medicare Approved) Level 2 PSG (Patient funded) Please choose a Level 2 (Patient funded) or Level 3 (OSA Test) if the patient does not in	Level 3 OSA Test (Express service) meet the Medicare requirements listed below.				
	4				

Medicare Approved Assessment Conditions

- 1. Patient Aged 18+
- 2. OSA50 score of 5+ OR STOPBANG score of 4+
- 3. Epworth Sleepiness Scale of 8+
- 4. Home Sleep Study has not been claimed within the last 12 months from the date of this referral.

We can proceed with a patient funded Level 2 Sleep Study or Level 3 OSA Test if the patient does not meet the above requirements.

Sleep Assessment Tools				
OSA50 Screening Questions - circle all that apply (Score out of 10 and the referral requires 5+)	If "yes" circle			
Waist circumference* - Male >102cm or Female > 88cm	3 points			
Snoring bothers others?	3 points			
Witnessed apnoeas?	2 points			
Age 50 or over?	2 points			
Total OSA50 Score	Points			
*Waist measurement to be measured at the level of the umbilicus				

STOPBANG Questionnaire - circle all that apply (Score out of 8 and the referral requires 4+) Does the patient Snore? 1 point Does the patient feel tired, fatigued or sleepy during the day time? 1 point Has anyone observed the patient stop breathing or choking/gasping during their sleep? 1 point Is the patient being treated for high blood pressure? 1 point Is the patient's BMI greater than 35? 1 point Is the patient's age 50 or older? 1 point Is the patient's neck circumference greater than 40cm? 1 point Is the patient's gender male? 1 point **Total STOP BANG Score Points**

Epworth Sleepiness Scale (ESS) -circle all that apply (Score out of 24 and the referral requires 8+)

In the following situations, how likely is the patient to doze off or fall asleep, in contrast to just feeling tired? Use the numeric scale below to determine the likelihood of dozing off in each of the situations below.

0 = No Chance	1 = Slight Chance	2 Moderate	e Chance	3 High Chanc	e
Situations		Numeric Scale			
Sitting and Reading		0	1	2	3
Watching TV		0	1	2	3
Sitting inactive in a public place		0	1	2	3
As a passenger in a car for an hou	r with no break	0	1	2	3
Lying down in the afternoon		0	1	2	3
Sitting and talking to someone		0	1	2	3
Sitting quietly after lunch (without	alcohol)	0	1	2	3
Stopping in traffic for a few minute	s while driving a car	0	1	2	3
	Total ESS Score	0	ut of 24		

Referral Reason						
Regular loud snoring Regular Fatigue or Daytime Sleepiness	Hypertension Cardiac Disease/Arrhythmia Obesity Neurological Issues Stroke Depression Frequent nocturia Sleepy driving					
Potorring Doctor's Dotails						
Referring Doctor's Details						
Doctor's Name:	Provider No					
Address:	Practice Name:					
Signature:	. Date:/					

Patients with one or more of the following conditions are unsuitable for a home sleep study: Neuropsychological, severe intellectual or physical disability conditions or where video conformation is essential for diagnosis (parasomnias / RLS).

Sleep apnea is serious and if untreated, you may be at a higher risk of a stroke, heart attack or a serious workplace accident. Having a detailed sleep study is the first step toward getting your liveliness back and living the life you deserve. We provide an accurate and comprehensive take home sleep study allowing you to be in the comfort of your own bedroom environment. Your sleep study will be facilitated by qualified staff, scored by a sleep scientist and reported on by a sleep specialist. By dealing with us, you can expect quick results and expert advice on treatment options moving forward.

To book your sleep study with one of our clinicians, please call, email or fax this completed referral to:



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