Sleep Centre
KATHERINE

40 Katherine Tce, Katherine
(08) 8971 1557
sleepkdi@gmail.com

REQUEST FOR IN-HOME SLEEP TEST

Level 2 PSG or Level 3 OSA Test

Patient Details

Patient Name:_____ DOB: _____

Address:_____

Phone:_____

Email: _____

Medicare No.: ☐☐☐☐☐☐☐☐☐☐ Ref: ☐ Exp: ___/___

DVA Number: _____ ☐ Gold ☐ White

Tests Ordered

Level 2 PSG (Medicare Approved)

Level 2 PSG (Patient Funded)

Level 3 OSA Test (Express Service)

Please choose a Level 2 (Patient funded) or Level 3 (OSA Test) if the patient does not meet the Medicare requirements listed below.

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 the is 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.

OSA50 Screening Questions

(Score out of 10 and the referral requires 5+)

Circle all that apply	*If "yes" circle*
Waist circumference *Male>102cm or Female >88cm	3 points
Snoring bothers others	3 points
Witness apneas	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 *(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 daytime?	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 patients 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 STOPBANG 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 Chance 3 = High Chance				
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 hour 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 minutes while driving a car	0	1	2	3
Total ESS score	**out of 24**			

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Risk Assessment *Please tick those that apply*

- ☐ Have you ever fallen asleep while driving?
- ☐ Do you hold a commercial drivers license?
- ☐ Have you had a heart attack or a stroke?
- ☐ Do you hold a Heavy Vehicle drivers license?
- ☐ Do you suffer from chronic heart failure?
- ☐ Are you a shift worker?
- ☐ Do you drink coffee after midday? _____ How many cups?
- ☐ Do you drink alcohol? _____ How many standard drinks week?
- ☐ Do you or have you smoked cigarettes? _____ Packs per day _____ Years smoked _____ Years quit

Referral Reason

- ☐ Witnessed apnoea or choking
- ☐ Hypertension
- ☐ Stroke
- ☐ Regular loud snoring
- ☐ Cardiac Disease/Arrythmia
- ☐ Depression
- ☐ Regular Fatigue or Daytime Sleepiness
- ☐ Obesity
- ☐ Frequent Nocturnia
- ☐ Type II Diabetes
- ☐ Neurological Issues
- ☐ Sleepy Driving
- ☐ Other

Medication Summary

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____
7. _____ 8. _____

Additional Clinical Information

Height: _____cm Weight: _____kg

Neck circum. _____cm ESS score: _____

Diabetes: BMI: _____

Ischemic Heart Disease:

Atrial Fibrillation:

Other (please specify): _____

_____

Referring Doctors Details

Doctors Name: _____

Address: _____

_____

Practice Name: _____

_____

Signature: _____

Provider No.: _____ 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 confirmation is essential for diagnosis (parasomnias/RLS). Sleep apnoea is serious, and if untreated, you may be at 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.