

Please fax referral to: 07 3112 5025 | Ph: 1300 911 755

**Patient Details.**

Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Gender: Male / Female  
 BMI (mandatory): \_\_\_\_\_  
 Medicare No: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

Referral Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Referring Doctor's Details.**

Name: \_\_\_\_\_  
 Surgery: \_\_\_\_\_  
 \_\_\_\_\_  
 Provider no: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Signature: \_\_\_\_\_

**Sleep services.**

Home diagnostic sleep study program.  
 Bulk billed Level 2 PSG sleep study with Sleep-Health Professional review. Sleep specialist consultation as required. Please tick at least 3 sleep apnoea risk factors (Medicare requirement):

- Witnessed apnoea or choking
- Regular loud snoring
- Regular fatigue or sleepiness
- Cardiac Failure
- Atrial Fibrillation
- Ischaemic Heart Disease
- Hypertension
- Stroke/TIA
- Diabetes
- BMI > 35 kg/m

**STOPBANG Assessment**

(New medicare requirement) Score out of 8 and the referral requires a minimum of 4 to proceed, each tick below is one point.

- S** - Does the patient Snore?
- T** - Does the patient feel Tired during the day time?
- O** - Anyone Observed the patient to have stopped breathing during sleep?
- P** - Is the patient being treated for High Blood Pressure?
- B** - Is the patients BMI greater than 35?
- A** - Is the patient Age 50 or older?
- N** - Is the patient's Neck circumference greater than 40cm?
- G** - Is the patient's Gender male?

**Score** \_\_\_\_ / **8**

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

Reason for referral. \_\_\_\_\_  
 \_\_\_\_\_