

STING Ph: 1300 559 583

Email: info@sleeptestingaustralia.com.au

Fax: 1300 298 161

REQUEST FOR: In Home Sleep Test

Level 2 PSG or Level 3 OSA Test

Patient Details	Referring Doctor's Details					
	This section must be completed to be a valid referral					
Patient Name: M / F	Doctor:					
DOB:/ Address:	Address:					
Phone:						
Email:	Practice Name:					
Medicare No: Ref: Exp:/	Signature:					
DVA Number: Gold White	Provider No:Date:/					
Medicare Approved Assessment Conditions						
1. Patient Aged 18+						
2. OSA50 score of 5+ OR STOPBANG score of 3+						
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.						
TESTS ORDERED						
HOME BASED SLEEP STUDY - Level 2 Medicare Funded For comprehensive sleep apnoea testing Private studies available. Minors must be between the ages of 14-18	SLEEP APNOEA SCREEN - Level 3 Private Pay					

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			
Witnessed 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 3+)					
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 Cha	ance 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		

Referral Reason						
Witnessed apnoea or ch	Witnessed apnoea or choking Hypertension				Depression	
Regular loud snoring		Cardiac Disease/Arrhythmia			Insomnia	
Regular Fatigue or Dayt	Regular Fatigue or Daytime Sleepiness				Sleepy driving	
Obesity Height:	Veight:kg	Тур	Neurological Issues			
Frequent nocturia	Frequent nocturia Other					
	C	ontrain	dications			
Please confirm that the patient does not experience any of the contraindications for a home based sleep study listed: significant intellectual / cognitive impairment, significant physical disability without a carer's assistance, neuromuscular disease, advanced heart failure, advanced / Type II respiratory failure, seizure disorders, parasomnias, or an unsafe/undesirable home environment. Tick to confirm no contraindication Sleep Apnea is serious and if untreated, you may be at higher risk of a stroke, heart attack or a serious workplace accident. 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.						
To book your sleep study with one of our clinicians. Call SLEEP TESTING A U S T R A L I A ABN: 11 600 301 264 Ph: 1300 559 583 Email: info@sleeptestingaustralia.com.au Fax: 1300 298 161 Web: sleeptestingaustralia.com.au Book Online						
CPAP DIRECT Biloela Phone: 0418 688 049 50 Callide Street Biloela QLD 4715	CALLIDE STREET	GLADSTONE ROAD	CPAP DIRECT Chermside (Cnr Hamilton Rd & Gympie Rd) Phone: 07 3350 4177 Shop 6, 832 Gympie Road Chermside QLD 4032) Bi	WE ARE CONTROL OF THE PARK CHEMICITY OF THE	

CPAP DIRECT

Gladstone

Phone: 07 4918 2489 Shop 2b, 5 Dawson Highway Gladstone QLD 4680

CPAP DIRECT

Phone: 07 3281 2249 Shop 1, 160 Brisbane Road Booval QLD 4304

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Maroochydore

(Bunnings Centre) Phone: 07 5476 8328 Shop 3, 70-98 Dalton Drive Maroochydore QLD 4558

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Morayfield (Behind Red Rooster) Phone: 07 5316 3327 Shop 3, 111 William Berry Drive Morayfield QLD 4506

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Upper Mt Gravatt

Phone: 07 3219 2221 Shop 1, 1945 Logan Road Upper Mt Gravatt QLD 4122

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Townsville

Phone: 07 4426 3635 183-191 Charters Towers Road Hyde Park QLD 4812













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Gold Coast

Phone: 07 5504 6181 Shop 9, 47 Ashmore Road Bundall QLD 4217

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Mackay

Phone: 07 4863 4767 Shop 3, 2 Ungerer Street North Mackay QLD 4740

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Maryborough

Phone: 07 4335 8346 271 Kent Street Maryborough QLD 4650

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Sandstone Point (pop-up clinic)

Available Wednesdays Ph: 5316 3327 204 Bestmann Road East The Village Shopping Centre Sandstone Point QLD 4511

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Toowoomba

Phone: 07 4529 0613 Shop 2, 161 James Street Toowoomba QLD 4350









