

Patient Full Name:		DOB:	
Best contact phone:		Gender:	
Medicare number:		Occupation:	
Services Requested:		Medical Priority:	

1. Sleep/ Respiratory Physician consultation - consultation rates vary (Medicare/DVA/Private insurance rates may apply).
2. Unattended (ambulatory) diagnostic sleep study and management advice
3. Attended (In-lab) diagnostic sleep study (available in selected areas) and management advice
4. Comprehensive Lung Function Test (Spirometry with bronchodilator, Lung Volumes, DLCO)
5. Spirometry (Pre & Post-Bronchodilator)
6. CPAP Titration (from \_\_\_\_\_ cm H2O)
7. CPAP review study (CPAP \_\_\_\_\_ cm H2O or Auto-titration \_\_\_\_\_ to \_\_\_\_\_ cm H2O)

If services 2 or 3 are chosen, please kindly assist us by providing the following information in section A and B below  
 The criteria for Medicare eligibility require a score  $\geq 3$  for STOP-BANG and  $\geq 8$  for the Epworth Sleepiness Scale

**A. STOP-BANG** Please tick when applicable

Snoring loudly (enough to be heard through closed doors/affecting bed-partner's sleep)		BMI $\geq 35$ kg/m <sup>2</sup>
Tired, fatigued or sleepy during wakeful hours		Age > 50 years
Observed apnoeas or choking		Neck size (Male $\geq 43$ cm, Female $\geq 41$ cm)
Being on treatment for hypertension (please specify _____ mmHg)		Male Gender

**B. Epworth Sleepiness Scale** Please score each

*How likely are you to doze off or fall asleep in the following situations, in contrast of just feeling tired?*  
 0 = would never doze 1 = slight chance of dozing 2 = moderate change of dozing 3 = high change of dozing

Sitting and reading		Lying down to rest in the afternoon when circumstances permit
Watching TV		Sitting and talking to someone
Sitting, inactive in a public place (e.g. theatre or a meeting)		Sitting quietly after a lunch without alcohol
As a passenger in a car for an hour without a break		In a car, while stopped for a few minutes in traffic

**Does your patient have any of the following conditions?**

Intellectual disability or cognitive impairment		Suspected respiratory failure		Arrhythmia
Physical disability or inadequate carer attendance		Advanced respiratory disease		Other unstable cardiac diseases
Suspected/confirmed parasomnia or seizure disorder		Neuromuscular disease		Domiciliary oxygen therapy
Previously failed or inconclusive home sleep study		Suspected obesity hypoventilation		Significant mental health issues
Are there any logistical/discretionary or psychosocial factors against an attended/unattended sleep study (please specify which type of study)				
Significant rhinosinus condition?				

*In accordance with the MBS, a Consultant Sleep Physician will assess the following information to determine whether the sleep study is eligible for a Medicare rebate.*

Are there any other co-morbidities or important medical information? Please include any CPAP treatment information if applicable.

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Referring Doctor:		Provider Number:	
Clinic address:		Date:	
Fax number/email address:			
Signature:			

**Locations**

Suite 3.1, 135 Victoria Road, Drummoyne Suite 2.09, 1 Centennial Drive, Campbelltown

Please fax to **02 8915 1545** or **02 9198 9575** or email the completed form to [admin@sleepdiagnosticsgroup.com](mailto:admin@sleepdiagnosticsgroup.com)

Our staff will contact the patient to arrange a convenient appointment.