

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 H ₂ O)
7. CPAP review study (CPAP _____ cm H ₂ O or Auto-titration _____ to _____ cm H ₂ O)

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 ≥3 for STOP-BANG and ≥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 ≥ 35 kg/m ²
Tired, fatigued or sleepy during wakeful hours		Age > 50 years
Observed apnoeas or choking		Neck size (Male ≥ 43cm, Female ≥41cm)
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)

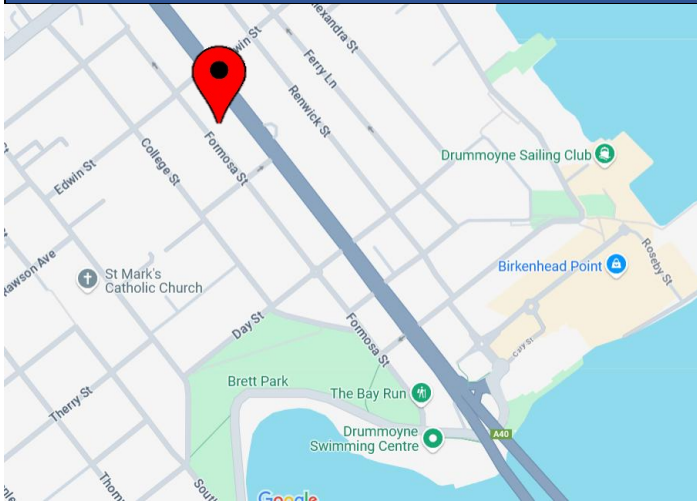
Significant rhinosinus condition?

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.

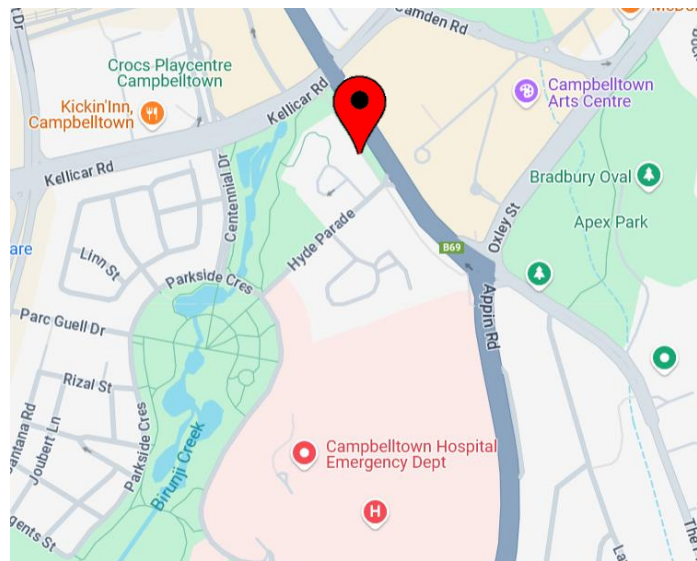
Referring Doctor:		Provider Number:	
Clinic address:		Date:	
Fax number/email address:			
Signature:			

Our Locations



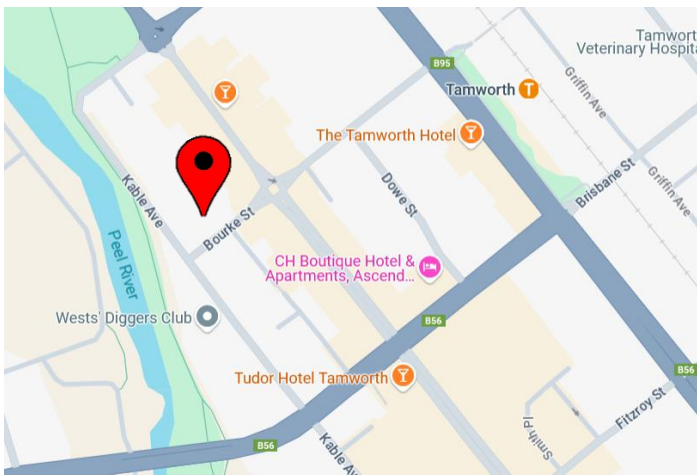
Drummoyne

Suite 3.1, 135 Victoria Road
Drummoyne NSW 2047



Campbelltown

Suite 2.09, 1 Centennial Drive
Campbelltown NSW 2560



Tamworth (Telehealth only)

6 Bourke Street
Tamworth NSW 2340

How to get there?

Free parking is available in the streets around the clinics.

If you travel by public transport, please use Trip Planner on www.transportnsw.info

Contact Details

Phone:	1800 961 886	Email:	admin@sleepdiagnosticsgroup.com
Fax:	02 8915 1545 02 9198 9575	Healthlink EDI:	resleeps
Website:	www.sleepdiagnosticsgroup.com.au		