

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 ≥ 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)	<input type="checkbox"/>	BMI ≥ 35 kg/m ²	<input type="checkbox"/>
Tired, fatigued or sleepy during wakeful hours	<input type="checkbox"/>	Age > 50 years	<input type="checkbox"/>
Observed apnoeas or choking	<input type="checkbox"/>	Neck size (Male ≥ 43 cm, Female ≥ 41 cm)	<input type="checkbox"/>
Being on treatment for hypertension (please specify _____ mmHg)	<input type="checkbox"/>	Male Gender	<input type="checkbox"/>

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

Does your patient have any of the following conditions?

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

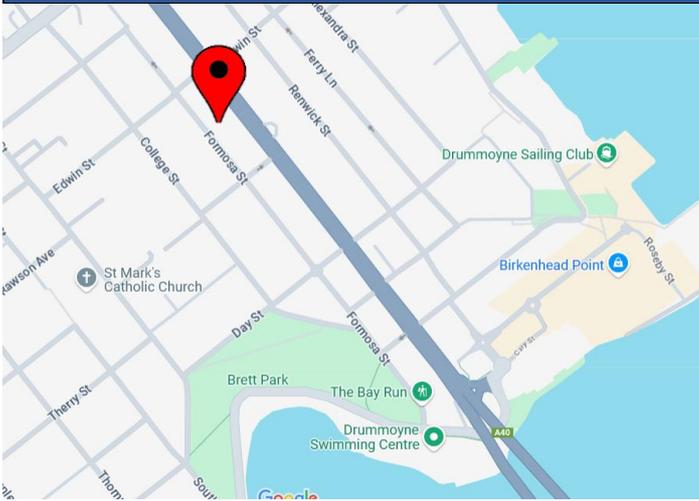
In accordance with the MBS, a Consultant Sleep Physician will assess the following information to determine whether the sleep study is eligible for a Medicare rebate.

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

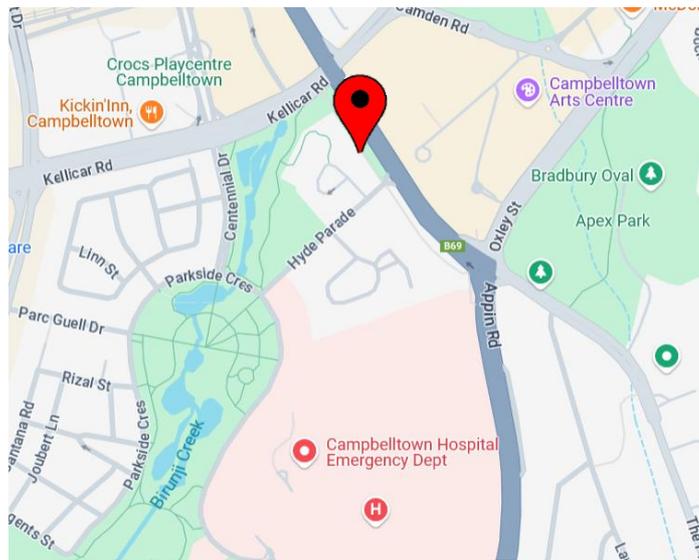
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Referring Doctor:		Provider Number:	
Clinic address:		Date:	
Fax number/email address:			
Signature:			

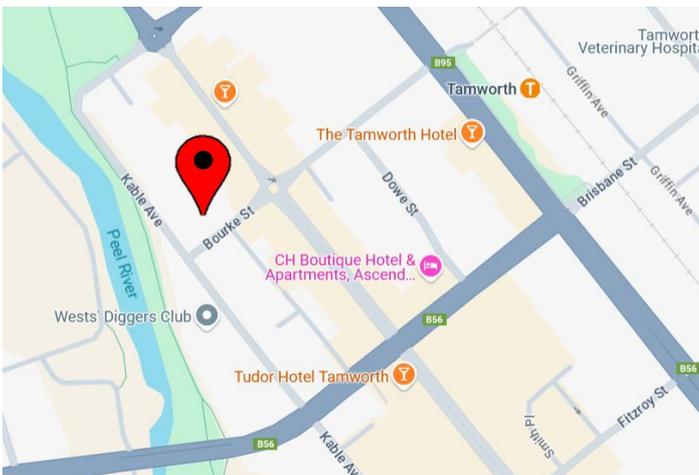
Our Locations



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:	respssau
Website:	www.sleepdiagnosticsgroup.com.au		