MELBOURNE
SLEEP SOLUTIONS

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# REFERRAL FORM FOR SLEEP AND RESPIRATORY PHYSICIANS

Name _____ Date __/__/__ Commercial drivers licence Yes ◯ No ◯

Email _____ Phone / Mob _____

To qualify for a Medicare subsidised home sleep study, doctors must now screen patients for symptomatic, moderate to severe obstructive sleep apnea using these screening tools. NOTE: Patient must reach a qualifying score on the EES questionnaire, as well as the Stop Bang or OSA-50 screening tests, to be eligible for Medicare subsidised sleep study.

## ESS QUESTIONNAIRE

**How likely are you to doze off (fall asleep) in the following situations?**

Use the following scale to choose the most appropriate answer:
0-No chance 1-Slight chance 2-Moderate chance 3-High chance

| | 0 | 1 | 2 | 3 |
|---|---|---|---|---|
| Sitting and reading | ☐ | ☐ | ☐ | ☐ |
| Watching television | ☐ | ☐ | ☐ | ☐ |
| Sitting inactive, in a public space | ☐ | ☐ | ☐ | ☐ |
| Lying down to rest in the afternoon when circumstances permit | ☐ | ☐ | ☐ | ☐ |
| Sitting and talking to someone | ☐ | ☐ | ☐ | ☐ |
| Sitting quietly after a lunch without alcohol | ☐ | ☐ | ☐ | ☐ |
| In a car, while stopped for a few minutes in traffic | ☐ | ☐ | ☐ | ☐ |
| As a passenger in a car, for one hour without a break | ☐ | ☐ | ☐ | ☐ |

**For a Medicare subsidised sleep study a patient must score 8 or more**

**Total** ☐ + ☐ + ☐ = ☐

## STOP BANG QUESTIONNAIRE

| | |
|---|---|
| Do you **S**nore loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)? | Yes ◯ No ◯ |
| Do you often feel **T**ired, fatigued, or sleepy during the day (such as falling asleep during driving or talking to someone)? | Yes ◯ No ◯ |
| Has anyone **O**bserved you stop breathing or choking/gasping during your sleep? | Yes ◯ No ◯ |
| Do you have or are you being treated for high blood **P**ressure? | Yes ◯ No ◯ |
| Is your **B**ody mass index more than 35 kg/m2? | Yes ◯ No ◯ |
| Are you **A**ged older than 50? | Yes ◯ No ◯ |
| Is your **N**eck size large: For male, is your shirt collar 17 inches / 43cm or larger? For female, is your shirt collar 16 inches / 41cm or larger? (Measured around adams apple) | Yes ◯ No ◯ |
| Is your **G**ender male? | Yes ◯ No ◯ |

**For a Medicare subsidised sleep study a patient must answer yes to at least 4 questions**

**Total** ☐

## OSA-50

| | | |
|---|---|---|
| Waist circumference (Measure at the level of the umbilicus) Male > 102cm \| Females > 88cm | Yes ◯ | 3 |
| Has your snoring ever bothered other people? | Yes ◯ | 3 |
| Has anyone noticed you stop breathing during your sleep? | Yes ◯ | 2 |
| Are you aged 50 years or over? | Yes ◯ | 2 |

**For a Medicare subsidised sleep study a patient must score 5 or more**

**Total** ☐

In addition to snoring and excessive daytime sleepiness obstructive sleep apnoea is associated with:

| | | | |
|---|---|---|---|
| Type 2 diabetes | ◯ | Hypertension | ◯ |
| Atrial Fibrillation | ◯ | Congestive cardiac failure | ◯ |
| Anxiety | ◯ | Depression | ◯ |
| Stroke risk | ◯ | Motor vehicle accident risk | ◯ |
| Impotence | ◯ | | |

## ELIGIBILITY FOR MEDICARE SUBSIDISED STUDY

◯ Yes – Patient has qualified. Please fax referral for approval by a supervising sleep physician and home sleep study.

◯ No – Patient is NOT eligible. Private fee may apply for further sleep study options.

For a referral to be valid, please ensure the following details are completed and SIGNED

Referring Dr. Name _____ Practice name _____

Provider no. _____ Address _____

Email _____

Phone _____ Fax _____

Referring Dr. Signature _____ Referral date __/__/__