

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting inactive, in a public space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying down to rest in the afternoon when circumstances permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting and talking to someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting quietly after a lunch without alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a car, while stopped for a few minutes in traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For a Medicare subsidised sleep study a patient must score 8 or more	Total <input type="text"/> + <input type="text"/> + <input type="text"/> = <input type="text"/>			

OSA-50	
Waist circumference (Measure at the level of the umbilicus) Male > 102cm Females > 88cm	Yes <input type="radio"/> 3
Has your snoring ever bothered other people?	Yes <input type="radio"/> 3
Has anyone noticed you stop breathing during your sleep?	Yes <input type="radio"/> 2
Are you aged 50 years or over?	Yes <input type="radio"/> 2
For a Medicare subsidised sleep study a patient must score 5 or more	Total <input type="text"/>

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 <input type="radio"/> No <input type="radio"/>
Do you often feel T ired, fatigued, or sleepy during the day (such as falling asleep during driving or talking to someone)?	Yes <input type="radio"/> No <input type="radio"/>
Has anyone O bserved you stop breathing or choking/gasping during your sleep?	Yes <input type="radio"/> No <input type="radio"/>
Do you have or are you being treated for high blood P ressure?	Yes <input type="radio"/> No <input type="radio"/>
Is your B ody mass index more than 35 kg/m2?	Yes <input type="radio"/> No <input type="radio"/>
Are you A ged older than 50?	Yes <input type="radio"/> No <input type="radio"/>
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 <input type="radio"/> No <input type="radio"/>
Is your G ender male?	Yes <input type="radio"/> No <input type="radio"/>
For a Medicare subsidised sleep study a patient must answer yes to at least 4 questions	Total <input type="text"/>

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

Type 2 diabetes	<input type="radio"/>	Hypertension	<input type="radio"/>
Atrial Fibrillation	<input type="radio"/>	Congestive cardiac failure	<input type="radio"/>
Anxiety	<input type="radio"/>	Depression	<input type="radio"/>
Stroke risk	<input type="radio"/>	Motor vehicle accident risk	<input type="radio"/>
Impotence	<input type="radio"/>		

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	<input type="text"/>	Practice name	<input type="text"/>
Provider no.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Address	<input type="text"/>
Email	<input type="text"/>		
Phone	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Fax	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Referring Dr. Signature	<input type="text"/>	Referral date	<input type="text"/> / <input type="text"/> / <input type="text"/>