Sleep Referral Form

At Home Sleep Tests

Phone: (02) 6190 8722
www.AtHomeSleepTest.com.au

Please email completed form to **sleep@athomesleeptest.com.au**

Patient Details

First Name | Last Name | Phone | Mobile

Address | Email

Date of birth (DD/MM/YYYY) DD / MM / YYYY

Height (cm) | Weight (kg)

Medicare/ DVA Number | Ref Number | Expiry date MM/YYYY

Wasit circumference (cm) | Neck circumference (cm)

Gender ◯ Male ◯ Female

Doctor Details

Name | Provider Number

Address | Email

Signature | Date

Phone | Fax

Clinical History

- ◯ Insomnia
- ◯ Snoring
- ◯ Nocturnal Gasping/Choking
- ◯ Witnessed Apneas
- ◯ Unrefreshed Sleep
- ◯ Daytime Lethargy/Sleepiness
- ◯ Restless Legs
- ◯ Sexual Disinterest
- ◯ Bruxism / TMJ Pain
- ◯ Anxiety / Depression / PTSD
- ◯ Cardiac History
- ◯ CVA / Stroke
- ◯ Hypertension
- ◯ Nocturia
- ◯ Concentration Issues
- ◯ Respiratory Disease
- ◯ Diabetes
- ◯ Commerical Driver

Reason for referral / additional information

Service Request

◯ Home Sleep Study ◯ CPAP Initation / Review ◯ Sleep Physician Consult (Telehealth)

Medicare Eligibiligty Questionnaires

Epworth Sleepiness Scale	Chance of dozing / sleeping			
	Never	Slight	Moderate	High
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. a theatre or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
ESS SCORE	Minimum 8 required			

STOP-BANG / OSA 50	STOPBANG	OSA50
Feel tired, fatigued or sleepy during the day?	1	-
Do you have (or had) high blood pressure?	1	-
BMI greater than 35 kg/m2	1	-
Neck circumference > 40cm	1	-
Gender = Male	1	-
Has your snoring ever borthered other people?	1	3
Anyone observe ou stop breathing or choking in sleep?	1	2
Are they aged 50 years or over?	1	2
Wasit circumference (male > 102cm, female > 88 cm)	-	3
SCORE	Min 3 required	Min 5 required

Medicare Eligbility

ESS Score must 8 or more

Plus one of the following

STOP BANG ≥ 3 or OSA50 ≥ 5

Note: *If the patient does not meet the minimum criteria, they may consult our sleep physicians to assess eligibility or choose to self-fund the test.*