Sleep Connect
Connecting you to better sleep
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General Medicine, Respiratory & Sleep

Physician

LOCATIONS: REDCLIFFE & CABOOLTURE

MEDICAL HISTORY  Height: m Weight: kg Previous Sleep Study: Y Date of Study: Established on CPAP: Y N SYMPTOMS/MEDICAL CONDITIONS: (Please tick) Schoring Witnessed Apnoeas Nocturnal Gasping/Choking Pacemaker Waking Unrefreshed Cardiovascular Disease Other Relevant Medical Conditions: Please attach Patient's Medical History & Medication list  REQUEST FOR A REFERRAL  (please mark appropriate options)	Emai	e: il: M	edicare / DVA no:				Exp:
Height: _m Weight: _kg Previous Steep Study: Y \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			outouto/ byA no				
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Other Relevant Medical Conditions:	_			Study:	Est	tablishe	d on CPAP: Y N
To be eligible for a Medicare Bulk Billed Sleep Study, you must score: Equal to or more than 3 on STOP-BANG AND Equal to or more than 8 on EPWORTH SLEEPINESS SCALE (ESS)  FPWORTH SLEEPINESS SCALE — Patient must score 8 or more How likely are you to doze off (fall asleep) in the following situations? Sitting and reading Watching television Sitting and reading Sitti	□Sr	noring Witnessed Apnoeas	Nocturnal Gasping/Choking	☐ Pa	cemaker		☐ Waking Unrefreshed
(please mark appropriate options)  O Home Sleep Study - This covers a Home Sleep Study, and if required, sleep physician consultation and CPAP therapy O CPAP/APAP trial for the treatment of Sleep Apnoea O CPAP therapy review (pressure, compliance, mask review & full equipment check) O Supply of DVA approved equipment and services  MEDICARE ELIGIBILITY  *To be etigible for a Medicare Bulk Billed Sleep Study, you must score: Equal to or more than 3 on STOP-BANG AND Equal to or more than 8 on EPWORTH SLEEPINESS SCALE (ESS)  EPWORTH SLEEPINESS SCALE (ESS) Sitting and reading  Watching television O 0 1 0 2 0 3 Sitting and reading Watching television O 0 1 0 2 0 3 Sitting and talking to someone Sitting and tal	□м	orning headaches Daytime Somnolence	☐ Neurocognitive Impairment	☐ No	octuria		Cardiovascular Disease
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Home Steep Study – This covers a Home Steep Study, and if required, steep physician consultation and CPAP therapy  CPAP/APAP trial for the treatment of Steep Apnoea  CPAP therapy review (pressure, compliance, mask review & full equipment check)  Supply of DVA approved equipment and services  MEDICARE ELIGIBILITY  *To be eligible for a Medicare Bulk Billed Steep Study, you must score:  Equal to or more than 3 on STOP-BANG AND Equal to or more than 8 on EPWORTH  StEEPINESS SCALE (ESS)  EPWORTH SLEEPINESS SCALE – Patient must score 8 or more  How likely are you to doze off (fall asleep) in the following situations?  Sitting and reading  Watching television  Sitting and in a public place  Lying down to rest in the afternoon when circumstances permit  Sitting and talking to someone  Sitting and talking to someone  Sitting quietly after 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  Doe they have or are they being treated for High Blood Pressure?  Is their BMI (Body Mass Index) greater than 35?  Are they Aged 50 years and older?  Are they Aged 50 years and older?  Are they Aged 50 years and older?	REQUES	T FOR A REFERRAL					
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FOR THIS REFERRAL TO BE VALID, PLEASE ENSURE THE FOLLOWING DETAILS ARE COMPLETED

Practice Name:\_\_\_\_\_

\_Phone: \_\_\_\_\_ \_Email: \_\_\_\_\_

Referring Dr.:\_

Provider No:\_\_\_

Signature: