

# Sleep Study Referral



This patient presents with symptoms of a sleep issue as described below. Please review this referral filled in by:

Diagnostic Experts in Sleep Science

For further investigation, complete the Referring Practitioner Section at the end of this form.

## Sleep & Respiratory Physicians

Dr Joseph Janjis MBBS, FRACP Prov No 095669RK  
A/Prof Anthony Sasse MBBS, FRACP Prov No 04732427A

## Type of Sleep Study

Diagnostic  Treatment Effectiveness

## Patient Details

Name  Male  Female DOB / /

Email Mobile

Address

Medicare Number  /  DVA  N/A

Age Height(cm) Weight(kg) BMI (kg/m<sup>2</sup>) Neck(cm) Waist (cm)

## A Medicare rebate applies under the following conditions -

1. Age 18+ 2. Epworth Sleepiness Scale of 8+ 3. STOP BANG of 4+ OR OSA50 of 5+

A Medicare rebate cannot apply if a sleep study claim was made in the last 12 months from the date of this referral.

We can proceed with a private sleep study. Please contact HomeSleep for further details.

## Epworth Sleepiness Scale - see overleaf

Total ESS / 24

## STOP BANG Questions - tick all that apply

- Snoring (1pt)  Have high blood pressure (1pt)  Neck, Male or Female > 40cm (1pt)  
 Observed stops breathing (1pt)  BMI over 35kg/m<sup>2</sup> (1pt)  Gender is Male (1pt)  
 Often tired, fatigued or sleepy (1pt)  Age over 50 (1pt)

Total STOP BANG / 8

## OSA50 Questions - tick all that apply

- Snoring bothers others (3pts)  Age 50 or over (2pts)  Waist - Female > 88 cm (3pts)  
 Observed stops breathing (2pts)  Waist - Male > 102cm (3pts)

Total OSA50 / 10

## Reasons for a Sleep Study

- Depression  Acid reflux  Sleepy driving  Wakes with headache  
 Heart disease  Bruxing  Pre-surgery  Wakes unrefreshed  
 Stroke  Grinding  Libido loss  Wakes with dry mouth  
 Type II Diabetes  TMJ Pain  Urinating at night (#\_\_\_\_)  Wakes choking, gasping or coughing

Other:

## Epworth Sleepiness Scale (ESS)

The Epworth Sleepiness Scale has been designed to measure a patient's likely daytime sleepiness be helpful for us in determining if they are experiencing any sleep issues.

How likely are they to doze off during the day in the following situations? Even if the situation has not been experienced recently, discuss it with them and work out how they would have been affected.

### Determine the Level of Sleepiness for Your Patient

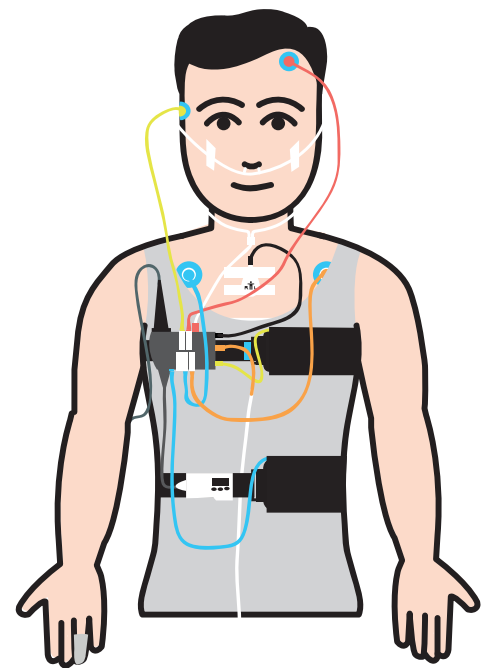
Use the numeric scale to determine the likelihood of dozing off in each of the situations below. Tick the appropriate rating to determine the sleepiness score.

- 0 None
- 1 Slight
- 2 Moderate
- 3 High

### Situations

0 1 2 3

Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....				
Watching Television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....				
Sitting inactive in a public place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....				
As a passenger in a car for an hour with no break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....				
Lying down to rest in the afternoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....				
Sitting and talking to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....				
Sitting quietly after lunch without alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....				
Stopped in traffic for a few minutes while driving a car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
.....				



Total ESS

/24

### Referring Practitioner Section

GP  Specialist

Name Provider No.

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Address

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Email / Fax Phone

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Signature Date

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