

Sleep Study Referral



Please email the completed form to: referrals@sleepmedhs.com.au or fax: 08 8125 5645

Patient Details

First name: _____ Last name: _____ Date of birth: DD / MM / YYYY
 Phone: _____ Language spoken: _____ Sex: Male / Female
 Medicare number: _____ Medicare ref no: _____ Medicare exp date: MM / YYYY

Doctor Details (Practice Stamp)

Referring doctor's name: _____ Provider no: _____
 Address: _____ State: _____ Postcode: _____
 Phone: _____ Fax: _____
 Reason for referral: _____
 Service: Sleep Study (Medicare/Private) Physician Consult CPAP treatment
 Doctor's signature: _____ Date: DD / MM / YYYY

Sleep Questionnaires

Criteria: EPSS \geq 8 **AND** STOP-BANG score \geq 3 **OR** OSA50 score \geq 5 to qualify

1. Epworth Sleepiness Scale (EPSS \geq 8 to qualify)

Situation		Chance of dozing/sleeping			
		Never	Slight	Moderate	High
1	Sitting and reading.	0	1	2	3
2	Watching TV.	0	1	2	3
3	Sitting, inactive in a public place (eg. a theatre or a meeting).	0	1	2	3
4	As a passenger in a car for an hour without a break.	0	1	2	3
5	Lying down to rest in the afternoon when circumstances permit.	0	1	2	3
6	Sitting and talking to someone.	0	1	2	3
7	Sitting quietly after a lunch without alcohol.	0	1	2	3
8	In a car, as the driver, while stopped for a few minutes in traffic	0	1	2	3
Total out of 24:					

2a. STOP BANG Questionnaire (\geq 3 to qualify)

1	Does the patient <u>S</u> nore?	1 point
2	Do they feel <u>T</u> ired, fatigued or sleepy during the day?	1 point
3	Has anyone <u>O</u> bserved them stop breathing during their sleep?	1 point
4	Do they have or are being treated for high blood <u>P</u> ressure?	1 point
5	Is their <u>B</u> MI greater than 35?	1 point
6	Are they <u>A</u> ged 50 years or older?	1 point
7	Is their <u>N</u> eck circumference greater than 40cm?	1 point
8	Is their <u>G</u> ender male?	1 point
Total score		/8

OR

2b. OSA50 Questionnaire (\geq 5 to qualify)

<u>O</u> besity	Waist circumference Male > 102 cm Female > 88 cm	3 points
<u>S</u> noring	Has their snoring ever bothered other people?	3 points
<u>A</u> pnoeas	Has anyone noticed them stop breathing during their sleep?	2 points
<u>50</u>	Are they aged 50 years or older?	2 points
Total score		/10



How to prepare for your home sleep study

Before attending

- Shower and dry your hair
- Shave your beard (if unwilling, please notify SleepMed staff)
- Remove makeup, nail polish, nail varnish, acrylic nails
- Have dinner
- Dress in loose-fitting, comfortable clothes that you can sleep in, as you will be unable to get changed after your appointment

About your appointment

- You cannot take public transport once the sleep unit is fitted. We also advise that you do not drive. Please arrange suitable transport (e.g. taxi, driven by friend/relative, community transport).
- Your appointment will take roughly one hour. You will wear the sleep unit home and sleep in your own bed.

The following day

- When you wake at your normal time and are not planning on going back to sleep, remove the unit yourself. Please do not cut any equipment. Do not throw any part of the equipment away. Return all items to the bag.
- Complete the post-sleep questionnaire and add this to the bag.
- Return the unit, in its bag, to the clinic at which you were fitted. Please do so between 9:00 am and noon, unless otherwise arranged with SleepMed staff. To be fair to other patients, please return the unit in a timely manner.

Clinic	Telephone	Email
SleepMed Mawson Lakes 18/2 Euston walk Mawson Lakes SA 5095	08 8164 5538	referrals@sleepmedhs.com.au
Europa Medical Centre 287 Salisbury Highway Salisbury Downs SA 5108	08 8258 9103	reception@europamedical.com.au
Westwood Medical Centre 3/40-44 Trafford Street Angle Park SA 5010	08 8300 7200	reception@westwoodmc.com.au
Physicians SA Holden Hill 738 North East Road Holden Hill SA 5088	08 8261 3211	info@physicianssa.com.au