

# SLEEP STUDY REFERRAL

Respirico Healthcare

Ph: 1800 208 826 | Fax: 08 8250 3316 | Email: sleep@respirico.com.au

# Respirico

Healthcare

Please send this referral via email or fax. We will contact the patient to book a sleep study.

## PATIENT DETAILS


Name: \_\_\_\_\_ Telephone 1: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone 2: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ Medicare/DVA No: \_\_\_\_\_  
Email: \_\_\_\_\_ Health fund: \_\_\_\_\_  
Private Hospital Cover? *Please circle* Yes / No Gender: \_\_\_\_\_ Driver's License Type (if applicable): *Please circle* Light / Heavy

## SLEEP STUDY SERVICE(S) REQUIRED

**Home-based Sleep Study and Sleep Physician Consultation** - *For suspected sleep apnoea and specialist consultation if appropriate*

Clinical history: \_\_\_\_\_  
\_\_\_\_\_

## REFERRING DOCTOR DETAILS

Stamp:  Doctor's name: \_\_\_\_\_  
Provider No: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Sleep Specialist name and location (if different from referring doctor): \_\_\_\_\_

## RELEVANT MEDICAL CONDITIONS *Please tick where appropriate*

Height (cm): \_\_\_\_\_  Atrial Fibrillation  Cardiac Failure  
Weight (kg): \_\_\_\_\_  Type 2 Diabetes  Parkinson's Disease  
BMI (kg/m<sup>2</sup>): \_\_\_\_\_  COPD/Respiratory Failure **Other Co-Morbidities and/or disabilities:**  
Neck Circ: \_\_\_\_\_  Stroke/TIA  
\_\_\_\_\_  
\_\_\_\_\_

## REFERRAL STEPS

**STEP 1** Fill in all patient details and complete questionnaires on both sides of the referral form

**STEP 2** Send referral via fax or email to Respirico Healthcare

**STEP 3** Respirico Healthcare will contact you to book in your sleep study

Respirico Healthcare

Ph: 1800 208 826 | Fax: 08 8250 3316

Email: sleep@respirico.com.au

# Respirico

## Healthcare

To determine Eligibility for Medicare Subsidised Sleep Study, please ensure the ESS and STOP BANG or OSA50 questionnaires are completed.

### MEDICARE ELIGIBILITY CRITERIA

For a Medicare subsidised sleep study the patient must score  $\geq 8$  for ESS

The Epworth Sleepiness Scale (ESS): How likely are you to fall asleep during these situations?	Never (0)	Slight (1)	Moderate (2)	High (3)
Sitting and reading				
Watching television				
Sitting inactive in a public place (e.g. a meeting or cinema)				
As a passenger in a car for an hour without a break				
Lying down to rest in the afternoon when circumstances permit				
Sitting and talking to someone				
Sitting quietly after a lunch without alcohol				
In a car, while stopped for a few minutes				
<b>TOTAL SCORE</b> (Out of 24)				

## AND

For a Medicare subsidised sleep study the patient must score  $\geq 4$  for STOP BANG OR score  $\geq 5$  for OSA50

STOP BANG Questionnaire	YES	NO
Do you <b>snore</b> loudly?		
Do you often feel <b>tired</b> , fatigued, or sleepy during the daytime?		
Has anyone <b>observed</b> you stop breathing during sleep?		
Do you have or are you being treated for high blood <b>pressure</b> ?		
Do you have a <b>BMI</b> greater than 35kg/m <sup>2</sup> ?		
<b>Age</b> over 50 years old?		
<b>Neck</b> circumference greater than 43cm (male) or 41cm (female)?		
Is your <b>gender</b> male?		
<b>TOTAL SCORE</b> (Each yes is 1 point)		

## OR

OSA50 Questionnaire	If YES, score
Waist circumference: Male > 102cm Female > 88cm	3
Has your snoring ever bothered other people?	3
Has anyone noticed you stop breathing while you are asleep?	2
Are you over 50 years of age?	2
<b>TOTAL SCORE</b>	

### ELIGIBILITY FOR MEDICARE SUBSIDISED STUDY

Does the patient score  $\geq 8$  for ESS + score  $\geq 4$  for STOP BANG OR score  $\geq 5$  for OSA 50? Please tick the appropriate box.

**YES** — Patient has qualified. Please email or fax referral to Respirico Healthcare for approval.

**NO** — Patient has NOT qualified. Please email or fax referral to Respirico Healthcare for further sleep study options.

### Respirico Healthcare

Ph: 1800 208 826 | Fax: 08 8250 3316

Email: sleep@respirico.com.au