



Patient Details

First name: Last name: Gender: Female Male

Address:

Telephone: (Primary) (Alternate) D.O.B:

Medicare Number: Height: cm Weight: kg BMI: Neck Circ: cm

Sleep Study Service(s) Required (Please complete Medicare eligibility criteria below)

Please tick all applicable boxes. Home-based Sleep Study - For suspected sleep apnoea
Pls tick: Assess PAP MAS Positional therapy Sleep Physician Consultation
- Patient review by a Sleep Physician

Current symptoms (Please tick all applicable boxes)

- Snoring High Blood pressure Choking/frequent awakenings
 Insomnia Hypersomnolence
 Nocturia Cognitive impairment Obesity
 Daytime Headaches Witnessed apneas Fatigue

Relevant Medical Condition(s)

- Atrial Fibrillation COPD/Respiratory Failure
 CCF/IHD CVA/TIA
 Parkinson's Disease Others
 Epilepsy

Referring Doctor

GP Name:

Physician Specialty:

Name:

Provider No.:

Address:

Telephone:

Fax:

Email:

Signature:

Date:

Section 1 - Please complete the ESS with your patient.

The Epworth Sleepiness Scale (ESS) How likely are you to doze off in these situations?	Never (0)	Slight (1)	Mod (2)	High (3)
Sitting and reading				
Watching television				
Sitting inactive in a public place (e.g. a theatre or meeting)				
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 in the traffic				
TOTAL SCORE	OUT OF 24			
DID YOUR PATIENT SCORE ≥ 8?				
YES – Please proceed to Section 2 to determine the Medicare eligibility of a Sleep Study NO – Patient does not meet the Medicare criteria for a Sleep Study. Please fax this referral to us for a Sleep Physician consultation.				

Section 2 - Please complete STOP-BANG Questionnaire or OSA 50 Screening Questionnaire with your patient.

STOP-BANG Questionnaire	YES	NO
Do you snore loudly?		
Do you often feel tired, fatigued, or sleepy during the daytime?		
Has anyone observed you stop breathing during your sleep?		
Do you have or are you being treated for high blood pressure?		
Are you obese/very overweight – BMI more than 35 kg/m ² ?		
Age over 50 years old?		
Neck circumference greater than: 43cm (male) or 41cm (female)		
Are you male?		
TOTAL SCORE (1 point for each YES)	OUT OF 8	

Total Score must be ≥ 3 to meet Medicare criteria.

OR

OSA 50 Screening Questionnaire	If YES, score
Waist circumference: Male > 102cm Females > 88cm	3
Has your snoring ever bothered other people? daytime?	3
Has anyone noticed you stop breathing during your sleep?	2
Are you aged 50 years or over?	2
TOTAL SCORE	OUT OF 10

Total Score must be ≥ 5 to meet Medicare criteria.

Patient Eligibility - Please tick accordingly.

Epworth Sleepiness Scale
Patient must score 8 or more



STOP-BANG or OSA 50
Patient must score ≥3 or ≥5



Patient is eligible

YES my patient has high suspicion of Sleep Apnoea and meets the Medicare requirements for a Medicare Subsidised Sleep Study. Please proceed to facilitate the Sleep study by a supervising Sleep Physician.
NO my patient does not meet Medicare requirements for a Medicare Subsidised Sleep Study. Please arrange for a Sleep Physician consultation to determine the necessity for a Sleep Study for my patient.

Please fax or email this referral to Fax: 02 9056 0899 Email: referrals@benchmarksleepservices.com.au. Upon receiving this referral, we will contact the patient to organise the service(s) listed and you will receive a full report on the outcome.