

Sleep Test Referral

Ambulatory Home Sleep Test

Complete this form using **Adobe Acrobat Reader**, then save and email the completed PDF to your local NSD testing location or **info@sleepdiagnostics.com.au**

1. Home Sleep Testing Location

Name of Location: ACP Sleep Clinic

Address: Shop 12/129 Lydon Blvd, Atwell

Postcode: 6164

Phone: 08 94146000

Email/Fax: mail@acpsleepclinic.net

1. Patient Information

Surname:

DOB:

☐ Male ☐ Female

Given Names:

Address:

Postcode:

Phone:

Medicare No:

Private Health Insurance ☐ Yes ☐ No

2. Indications, Symptoms and Health Comorbidities

In order to meet Medicare requirements, patients should have a high probability of moderate to severe OSA using approved assessment tools. **Please tick or write the scores below from the eligible questionnaires on reverse side.**

Epworth Sleepiness score (8 or above): 0

Please supply score for **ONE** of the following.

Complete OSA50 or STOP-BANG questionnaires **on the reverse side of this page.**

OSA50 score (5 or above): 0

STOP-BANG score (3 or above): 0

Additional details:

Telehealth Consultation ☐ Yes ☐ No

3. Referring Doctor

Date:

Provider No:

Name:

Address:

Postcode:

Telephone:

Fax:

Signature

Email:

Report Preference ☐ Mail ☐ Fax ☐ Email ☐ Healthlink (please check one only)

Take this test

Epworth Sleepiness Questionnaire

How likely are you to dose off in the following situations?

Circle the response that best describes you	Never	Slight	Moderate	High
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place (e.g. theatre or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car as a driver stopped for a few minutes in traffic	0	1	2	3

Epworth Sleepiness Score Total out of 24 (8 points or more indicates moderate to high risk)

Then this test...

OSA50

OBESITY	Waist circumference (male > 102cm, female > 88cm)	+3 for Yes	☐
SNORING	Has your snoring ever bothered other people?	+3 for Yes	☐
APNOEAS	Has anyone noticed that you stop breathing during your sleep?	+2 for Yes	☐
50	Are you aged 50 years or over?	+2 for Yes	☐

OSA50 Score Total out of 10 (5 points or more indicates moderate to high risk)

...or this test

STOP-BANG

SNORING	Do you snore louder than talking or loud enough to be heard through closed doors?	+1 for Yes	☐
TIREDNESS	Do you often feel tired, fatigued, or sleepy during the daytime?	+1 for Yes	☐
OBSERVE	Has anyone observed you stop breathing or choking/gasping during sleep?	+1 for Yes	☐
PRESSURE	Do you have (or are you being treated for) high blood pressure?	+1 for Yes	☐
BMI	Is your BMI over 35 kg/m2?	+1 for Yes	☐
AGE	Are you aged 50 years or older?	+1 for Yes	☐
NECK	Is your neck circumference: Over 43cm for male? Over 41cm for female?	+1 for Yes	☐
GENDER	Are you male?	+1 for Yes	☐

STOP-BANG Score TOTAL (3 points or more indicates moderate to high risk)

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