SLEEP STUDY REFERRAL
for age 14+

SLEEP TESTING AUSTRALIA

Charman Road Pharmacy expert. caring. personal

To make your appointment send this referral to us via

Phone: (03) 9583 2002

Email: info@charmanroadpharmacy.com.au

Address: 322 Charman Road, Cheltenham VIC 3192

Over 50 clinics and partners Australia wide

MANDATORY

Patient Name:..... M / F

DOB: ...../...../..... Phone:.....

Email: .....

Medicare #: ☐☐☐☐☐☐☐☐☐☐ IRN ☐

Address: .....

.....

DVA #: ☐☐☐☐☐☐☐☐

HCC Card #: .....

☐ Gold ☐ White

☐ Aged Pensioner?

☐ Commercial Driver?

MANDATORY

Doctor Name: .....

Practice: .....

Address: .....

.....

Provider # ..... Date: ...../...../.....

Signature: .....

You are referring for a comprehensive sleep study unless otherwise indicated by ticking below

☑ **Comprehensive sleep study (Medicare rebated*)**
Patient must be 18 years old and meet criteria below for a rebate

☐ **Limited channel test (Patient funded)**
Used for simple OSA screening

EPWORTH Sleepiness Score

MANDATORY — **MINIMUM SCORE FOR MEDICARE REBATE 8**

In the following situations how likely is the patient to doze off or fall asleep, in contrast to feeling tired?	No Chance	Slight Chance	Moderate Chance	High Chance
Sitting and Reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place	0	1	2	3
As a passenger in a car for an hour with no break	0	1	2	3
Lying down in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (without alcohol)	0	1	2	3
Stopping in traffic for a few minutes while driving a car	0	1	2	3

Score

AND EITHER

OSA50 Questionnaire

MINIMUM SCORE FOR MEDICARE REBATE 5

	Circle if YES
Waist circumference* *Male >102cm or Female > 88cm*	3 points
Snoring bothers others?	3 points
Witnessed apneas?	2 points
Age 50 or over?	2 points

Score

OR

STOPBANG Questionnaire

MINIMUM SCORE FOR MEDICARE REBATE 3

	Circle if YES
Does the patient Snore?	1 point
Does the patient feel tired, fatigued or sleepy during the day time?	1 point
Has the patient been observed choking / gasping / not breathing when asleep?	1 point
Is the patient being treated for high blood pressure?	1 point
Is the patient's BMI greater than 35?	1 point
Is the patient's age 50 or older?	1 point
Is the patient's neck circumference greater than 40cm?	1 point
Is the patient's gender male?	1 point

Score

Contraindications — MANDATORY

Does the patient have significant intellectual / cognitive impairment significant physical disability without a carer's assistance or an unsafe / undesirable home environment?	☐ Yes ☐ No
Does the patient have neuromuscular disease, advanced heart failure, advanced / Type II respiratory failure, seizure disorders or parasomnias?	☐ Yes ☐ No
Has the patient had a home based sleep study in the last 12 months or had a recent failed / inconclusive home based sleep study?	☐ Yes ☐ No

Relevant History

- ☐ Witnessed apnoea or choking
- ☐ Regular loud snoring
- ☐ Regular fatigue
- ☐ Daytime sleepiness
- ☐ Depression
- ☐ Insomnia
- ☐ Obesity
- ☐ Hypertension
- ☐ CVD / Arrhythmia
- ☐ Stroke
- ☐ Type II Diabetes
- ☐ Sleepy driving