

HOME SLEEP STUDY

Referral Form

Please Fax or Email Form

LYGON everydayCHEMIST

473-475 Lygon St Brunswick East, 3057

Ph: 9386 6701 Fax: 9383 4614

info@lygoneverydaychemist.com.au



Patient details (all fields are mandatory)

Name	Phone	Mobile
Address	Email	
Height	Weight	Date of birth / / (DD/MM/YYYY)
BMI	Neck circumference	Medicare/DVA number Reference number Expiry date
	Health insurance	Concession Private
	Commercial licence (if applicable)	Yes No
	Gender	Male Female

Doctor's details

Name	Signature
Address	Date / /
Phone	Fax
Provider number	Please stamp if available
Email	

Comorbidities:

Atrial fibrillation	Diabetes	Stroke/TIA	Depression
Hypertension	COPD	Cardiac failure	Other

Please complete the following questionnaire on behalf of patient

Sleep study type:

- Overnight home study
- CPAP trial

Other services:

- Physician consultation
- CPAP equipment review

Results required:

- Standard
- Email
- Urgent
- Fax

STOP-Bang (please tick)

Do you snore loudly (louder than talking or can be heard through closed doors)?	Yes	No	Has a BMI of more than 35kg/m ² ?	Yes	No
Do you often feel tired, fatigued, or sleepy during the daytime?	Yes	No	Are you over the age of 50?	Yes	No
Has anyone observed you stop breathing during your sleep?	Yes	No	Has a neck circumference greater than 40cm?	Yes	No
Do you have or are you being treated for high blood pressure?	Yes	No	Are you male?	Yes	No
			*This field is mandatory		
			Risk level	High	Low

NOTE: Answering yes to four or more questions will support patient eligibility for a bulk billed sleep study to be conducted. Answering yes to three or less questions will require the patient to have a consultation with a Sleep Physician prior to conducting a bulk billed sleep study.

Epworth Sleepiness Scale (ESS)

0 – Would never dose off 1 – Slight chance of dosing off 2 – Moderate chance of dosing off 3 – High chance of dosing off

Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. a waiting room, a theatre or a 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, while stopped for a few minutes in traffic	0	1	2	3

NOTE: An ESS of seven or less requires a consultation with a Sleep Physician prior to conducting a bulk-billed sleep study.

Reference: STOP Questionnaire (Chung F et al, Anaesthesiology, May 2008; 108(5):812-21).

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