**Home Sleep Study Referral**

Patient Last Name: First Name: M / F

Patient Address: DOB:

Daytime Contact No:

Ambulatory sleep testing is a tool to confirm a diagnosis of obstructive sleep apnoea. If there is a clinical suspicion for diagnosis such as Narcolepsy, Nocturnal Seizures, Insomnia, etc. then ambulatory testing should not be used.

Ambulatory sleep testing is less sensitive than laboratory sleep testing. **It is unable to rule out obstructive sleep apnoea**. If the home sleep test is negative and the clinical suspicion remains high, then it is recommended that a formal sleep physician review with a laboratory sleep study take place.

To help determine the clinical probability, we ask the referring physician to complete the following clinical questionnaire. Home sleep testing is appropriate if there is **> 5** Yes responses. A laboratory test is recommended if there is **< 5** yes responses.

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| --- | --- | --- |
| **1. Snoring:** Is there loud snoring (loud enough to be heard through closed doors)? | | **As per published guidelines (AASM 2012), a Home sleep test is not appropriate if the following conditions exist. Please confirm the following:**   * COPD FEV1< 70% * Clinically suspect other sleep disorder including Circadian rhythm disorders (Insomnia, delayed sleep phase, etc.), Parasomnia (sleep walking, RBD, Sleep terror, etc.) Hypersomnolence (Narcolepsy, etc.), Sleep related movement disorders (RLS, PLMD etc.) * Daytime hypoxia SpO2 <90% * Daytime hypercapnoea CO2>50 * CCF or other heart disease * BMI > 40 * Prior UPPP * Opioid use * Neuromuscular disease / Neurological disease / Neurodegenerative disease * History of stroke * Seizure disorder * Mental or physical conditions compromising equipment use   **A Laboratory sleep study will be suggested if there is any of the above conditions.** |
| Yes | No |
| **2. Tired:** Is there often feelings of being tired, fatigued, or sleepy during daytime? | |
| Yes | No |
| **3. Observed:** Has there been witnessed apnoeas? | |
| Yes | No |
| **4. Blood pressure:** Is there is history of hypertension treated or untreated? | |
| Yes | No |
| **5. BMI**: BMI more than 35 kg m−2? | |
| Yes | No |
| **6. Age**: Age over 50 year old? | |
| Yes | No |
| **7. Neck circumference**: Neck circumference >40 cm? | |
| Yes | No |
| **8. Gender**: |  |
| Male | Female |
| 9.Any medical problems? | |
| Yes | No |
| Please specify |  |
| 10.Has a home based sleep study been performed in the last 12 months? | |
| Yes | No  If a home based sleep study HAS been performed and has NOT been declared above, a charge of $350 will be payable, none of which is claimable through Medicare |

Referring Doctor’s Details (including provider number)

Signature Date

Study or test date will be confirmed directly with the patient and reports should be expected within 7 days of service provision. We may contact you for further details if required.

**Please fax your completed request to Nepean Lung & Sleep on 02 4722 5386**

**or email** [**reception@nepeanlungandsleep.com.au**](mailto:reception@nepeanlungandsleep.com.au)