

Patient Name: _____
 Address: _____
 Telephone/Mobile: _____
 Email Address: _____
 Medicare N.o: _____

DOB: ____/____/____
 Postcode: _____
 Gender: _____
 DVA N.o: _____
 DVA card colour: _____

Patient History

Provisional Diagnosis (reason for test):

- Obstructive Sleep Apnoea Insomnia Central Sleep Apnoea
 Other _____

Requested Procedure(s)

- Laboratory Diagnostic Sleep Study (**Level 1**) – Reason for lab vs home: _____
 CO₂ monitoring Oral appliance Positional Device Other: _____
 Home Sleep Apnoea Test – (**Level 2**)
 Overnight oximetry – (**Level 3/Level 4** – Privately funded, no Medicare rebate)



HotDoc

Book your sleep test online

Is a specialist consultation posttest required? YES NO

A level 1 and level 2 sleep study can only be directly referred if there is a high clinical suspicion for obstructive sleep apnoea (ESS ≥8 AND either Stop Bang ≥3 or OSA 50 ≥5). If criteria are not met than a Sleep Physician consultation is required.

<u>StopBang Questionnaire</u>				<u>OSA 50 Questionnaire</u>		<u>If yes, Score</u>
1.	Do you SNORE loudly? Loud enough to be heard through closed doors?	YES	NO	1.	Obesity: Waist circumference* Males >102cm or Females >88cm	3
2.	Do you often feel TIRED , fatigued or sleepy during the day?	YES	NO	2.	Snoring: Has your snoring bothered people?	3
3.	Has anyone OBSERVED you stop breathing during your sleep?	YES	NO	3.	Apnoeas: Has anyone noticed that you stop breathing during your sleep?	2
4.	Do you have or are being treated for high blood PRESSURE ?	YES	NO	4.	50: Are you aged 50 years or over?	2
5.	BMI more than 35 kg/m ² ? - Height: ____ cm, Weight: ____ kg	YES	NO	TOTAL: ____/10		
6.	AGE over 50 years old?	YES	NO	*Waist circumference measured at umbilicus level.		
7.	NECK circumference >40cm? - ____ cm	YES	NO			
8.	GENDER: Male?	YES	NO			

Epworth Sleepiness Scale

Use the following scale to choose the most appropriate number for each situation:

0 = Would **never** doze 1 = **Slight** chance of dozing 2 = **Moderate** chance of dozing 3 = **High** chance of dozing

- | | | | | |
|--|---|---|---|---|
| 1. Sitting and reading | 0 | 1 | 2 | 3 |
| 2. Watching TV | 0 | 1 | 2 | 3 |
| 3. Sitting, inactive in a public place (e.g. theatre or a meeting) | 0 | 1 | 2 | 3 |
| 4. As a passenger in a car for an hour without a break | 0 | 1 | 2 | 3 |
| 5. Lying down to rest in the afternoon when circumstances permit | 0 | 1 | 2 | 3 |
| 6. Sitting and talking to someone | 0 | 1 | 2 | 3 |
| 7. Sitting quietly after lunch without alcohol | 0 | 1 | 2 | 3 |
| 8. In a car, while stopped for a few minutes in the traffic | 0 | 1 | 2 | 3 |

Total: ____/24

Referring Doctor's Details:

Please stamp/insert details (Including Provider n.o):

Date: ____/____/____

Signature:

Test date will be confirmed directly with the patient 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

Office: 28 Derby St Kingswood 2747

The following is extracted directly from the MBS website: <http://www.mbsonline.gov.au>

Item 12203 (Laboratory diagnostic sleep study)

The overnight diagnostic assessment is performed to investigate:

- (i) suspected obstructive sleep apnoea syndrome where the patient is assessed as not suitable for an unattended sleep study; or
- (ii) suspected central sleep apnoea syndrome; or
- (iii) suspected sleep hypoventilation syndrome; or
- (iv) suspected sleep-related breathing disorders in association with non-respiratory co-morbid conditions including heart failure, significant cardiac arrhythmias, neurological disease, acromegaly or hypothyroidism; or
- (v) unexplained hypersomnolence which is not attributed to inadequate sleep hygiene or environmental factors; or
- (vi) suspected parasomnia or seizure disorder where clinical diagnosis cannot be established on clinical features alone (including associated atypical features, vigilance behaviours or failure to respond to conventional therapy); or
- (vii) suspected sleep related movement disorder, where the diagnosis of restless legs syndrome is not evident on clinical assessment

Attended versus unattended sleep studies

Unattended sleep studies are suitable for many patients with suspected OSA but patients with other sleep disorders should undergo an attended study. Assessment for potential contraindications to an unattended sleep study can be undertaken by either the referring practitioner, qualified adult sleep medicine practitioner or consultant respiratory physician. Standardised referrals should request sufficient information to enable such assessment.

In accordance with the Australasian Sleep Association's Guidelines for Sleep Studies in Adults, relative contraindications for an unattended sleep study to investigate suspected OSA include but are not limited to:

- (a) intellectual disability or cognitive impairment;
- (b) physical disability with inadequate carer attendance;
- (c) significant co-morbid conditions including neuromuscular disease, heart failure or advanced respiratory disease where more complex disorders are likely;
- (d) suspected respiratory failure where attended measurements are required, including measurement of carbon dioxide partial pressures;
- (e) suspected parasomnia or seizure disorder;
- (f) suspected condition where recording of body position is considered to be essential and would not be recorded as part of an unattended sleep study;
- (g) previously failed or inconclusive unattended sleep study;
- (h) unsuitable home environment including unsafe environments or where patients are homeless; and
- (i) consumer preference based on a high level of anxiety about location of study or where there is unreasonable cost or disruption based on distance to be travelled, or home circumstances.