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PO Box 211 Pacific Fair Shopping Centre QLD 4218. Sleep@gccah.com.au

Patient Name _____

Email _____ Phone _____

D.O.B. ____ / ____ / ____ Medicare No. _____ Commercial drivers licence: Yes No

Address _____

REFERRAL FOR SLEEP AND RESPIRATORY PHYSICIANS (Please mark appropriate square/s)

- Home sleep study - All Medicare subsidised studies must meet the approved criteria below in accordance with Medicare item 12250. The assessment and appropriateness of home studies are overseen by a supervising sleep physician. Based on these assessments and the study findings, certain complex patients may require a sleep physician consultation.
- Sleep physician consultations - Medicare and DVA rebates apply. Consultation fee and wait times will vary.

ESS Questionnaire For a Medicare subsidised sleep study a patient must score 8 or more on the following:

TOTAL SCORE:

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

- | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Sitting and reading | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Watching television | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Sitting inactive, in a public space | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Lying down to rest in the afternoon when circumstances permit | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Sitting and talking to someone | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| Sitting quietly after a lunch without alcohol | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| As a passenger in a car for an hour without a break | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| In a car, while stopped for a few minutes in traffic | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

Use the following scale to choose the most appropriate answer:

- 0 - No Chance
- 1 - Slight Chance
- 2 - Moderate Chance
- 3 - High Chance

OSA50 For a Medicare subsidised sleep study a patient must score 5 or more:

TOTAL SCORE:

/10

- Obesity** Waist circumference Male >102cm, Female >88cm (measured at the umbilicus) _____ cm 3
- Snoring** Has your snoring bothered other people? 3
- Apnoea** Has anyone noticed that you stop breathing during your sleep? 2
- 50** Are you aged over 50? 2

INDICATIONS & SYMPTOMS (Please mark appropriate square/s)

- Snoring Witnessed apneas / nocturnal gasping / choking Daytime lethargy / sleepiness Cognitive impairment
- Waking with headache Weight gain Restless sleep Insomnia Irritability Broken or unrefreshing sleep
- Nocturia Bruxism Nightmares Periodic Limb Movements (PLMS, RLS)

RELEVANT MEDICAL CONDITIONS (Please mark appropriate square/s)

- Hypertension Cardiac failure Stroke /TIA COPD Overweight Pacemaker Type II Diabetes
- Atrial fibrillation Family history (DSA) Clinical history (optional, attach notes to this referral)
- Other _____

For this referral to be valid, please ensure the following details are completed:

Referring Dr. Name _____

Provider No. _____ Referral Date ____ / ____ / ____

Practice Name _____ Phone _____

Address _____ Fax _____

Email _____ Medical objects secure messaging

Referring Dr. Signature: _____