**Sleep Study Referral**

**<<TodaysDate>>**

**SleepGP One Stop Medical**

Suite 14, The Dome

134 Victoria St

Mackay QLD 4740

p 07 4951 1411

Re: **<<PtFullName>>**  DOB: <<PtDoB>>

Tel/Mob: <<PtPhoneMob>>

Medicare No.: <<PtMCNo>> / DVA No : <<PtDVANo>>

# Request for [<<Service type>>](#BPSFIELD|L|SINGLE||||Sleep study and care management|Sleep Study only)

# *To be eligible for Medicare, patient must have a minimum OSA50 score of 5 and ESS score of 8*

**OSA50 Screening Questionnaire**

|  |  |  |
| --- | --- | --- |
| **Obesity** | Is <<HisHer>> waist circumference over 102cm (male) *or* 88cm (female)? | [<<Is the waist circumference (at umbilicus) over 102cm (male) or 88cm (female)>>](#BPSFIELD|L|SINGLE||||3  Yes|0  No) |
| **Snoring** | Has <<HisHer>> snoring ever bothered other people ? | [<<Has their snoring ever bothered other people?>>](#BPSFIELD|L|SINGLE||||3  Yes|0  No) |
| **Apnoeas** | Has anyone noticed that <<HeShe>> stops breathing during their sleep ? | [<<Has anyone noticed that they stop breathing during their sleep?>>](#BPSFIELD|L|SINGLE||||2  Yes|0  No) |
| **50** | Is <<HeShe>> aged 50 years or over ? | [<<Are they aged 50 years or over?>>](#BPSFIELD|L|SINGLE||||2 Yes|0 No) |
|  | OSA50 Score 5+ required for approval **Total** |  |

# Epworth Sleepiness Scale (ESS)

*How likely is <<HeShe>> to doze off or fall asleep in the following situations, in contrast to just feeling tired?*

*This refers to their usual way of life in recent times. Even if <<HeShe>> has not done some of these things recently, try to work out how they would have affected <<HimHer>>*

|  |  |  |
| --- | --- | --- |
| Sitting and reading | | [<<Chance of dozing when sitting and reading>>](#BPSFIELD|L|SINGLE||||0  None|1  Slight|2  Moderate|3  High) |
| Watching TV | | [<<Chance of dozing when watching TV>>](#BPSFIELD|L|SINGLE||||0  None|1  Slight|2  Moderate|3  High) |
| Sitting inactive in a public place (e.g a theater or a meeting) | | [<<Chance of dozing when sitting inactive>>](#BPSFIELD|L|SINGLE||||0  None|1  Slight|2  Moderate|3  High) |
| As a passenger in a car for an hour without a break | | [<<Chance of dozing when as a passenger in a car>>](#BPSFIELD|L|SINGLE||||0  None|1  Slight|2  Moderate|3  High) |
| Lying down to rest in the afternoon when circumstances permit | | [<<Chance of dozing when resting in the afternoon>>](#BPSFIELD|L|SINGLE||||0  None|1  Slight|2  Moderate|3  High) |
| Sitting and talking to someone | | [<<Chance of dozing when sitting and talking>>](#BPSFIELD|L|SINGLE||||0  None|1  Slight|2  Moderate|3  High) |
| Sitting quietly after a lunch without alcohol | | [<<Chance of dozing when sitting quietly after lunch>>](#BPSFIELD|L|SINGLE||||0  None|1  Slight|2  Moderate|3  High) |
| In a car, while stopped for a few minutes in traffic | | [<<Chance of dozing when in a stopped car>>](#BPSFIELD|L|SINGLE||||0  None|1  Slight|2  Moderate|3  High) |
| ESS Score 8+ required for approval **Total** | |  |
| Hypertension | [<<Hypertension>>](#BPSFIELD|L|SINGLE||||No|Yes|Yes - Medicated) |
| Diabetes | [<<Diabetes>>](#BPSFIELD|L|SINGLE||||No|Yes|Yes - Medicated) |

**Comments**

[<<Comments or further notes>>](#BPSFIELD|M|200|||)

|  |  |
| --- | --- |
| **Referring Doctor:** |  |
| <<Practice>> | Name: **<<DrName>>** |
| Tel: <<UsrPhone>> Fax: <<UsrFax>> | Provider No: <<DrProviderNo>> |
| <<UsrAddress>> | Signature: |