|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name** | | | | **Gender** | | **Mobile Phone** | |
|  | | | |  | |  | |
| **Address** | | | | **Suburb** | | **Postcode** | |
|  | | | |  | |  | |
| **Medicare/DVA Number** | | | | **Reference Number** | | **Expiry** | |
|  | | | |  | |  | |
| **Date of birth** | **Neck Circumference** | |  | **Height (cm)** | | **Weight (kg)** | **BMI** |
|  | |  | |  |  | |  |



**Main office (Drouin): (03) 5625 5155  
Noble Park: (03) 9125 4275**

**Send completed form by email to** [**info@sleep-care.com.au**](mailto:info@sleep-care.com.au)

**Clinical Information**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Atrial Fibrillation** |  | **Diabetes** |  |  | **Cardiac Failure** |  |  | **Stroke/TIA** |  |
| **Hypertension** |  | **COPD** |  |  | **Depression** |  |  | **Other** |  |

**STOP-BANG Questionnaire OR**

**OSA 50**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Do you Snore loudly? |  |  |
| Do you often feel tired/fatigued. |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
|  | **If yes, score** |
| Waist circumference of Male>102cm or Females >88cm | 3 |
| Has your snoring ever bothered other people? | 3 |
| Has anyone noticed that you stop breathing during your sleep? | 2 |
| Are you over 50 years old? | 2 |
|  |  |
| **A total score of 5 or more is needed for Medicare Subsidies** | |

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| Do you Snore loudly? |  |  |
| Do you often feel tired, fatigued, or sleepy during the daytime? |  |  |
| Has anyone observed you stop breathing during your sleep? |  |  |
| Do you have or are you being treated for high blood pressure? |  |  |
| Do you have a BMI of more than 35kg/m2? |  |  |
| Are you over the age of 50? |  |  |
| Do you have a neck circumference greater than 40cm? |  |  |
| Are you male? |  |  |
| **A total score of 3 or more is needed for Medicare subsidies** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **EPWORTH SLEEPINESS SCALE (ESS) Compulsory** | Would never doze (0) | Slight chance of dozing (1) | Moderate chance of dozing (2) | High chance of dozing (3) |
| Sitting and reading |  |  |  |  |
| Watching TV |  |  |  |  |
| Sitting, inactive in a public place |  |  |  |  |
| As a passenger in a car for an hour without a break |  |  |  |  |
| Lying down to rest in the afternoon (when possible) |  |  |  |  |
| Sitting and chatting to someone |  |  |  |  |
| In the car stopped in traffic for a few minutes |  |  |  |  |
| **A total score of 8 or more is needed for Medicare subsidies** | |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Doctor’s Name** | **Phone** | **Fax** |
|  |  |  |
| **Provider number** | **Clinic Address** | **Date** |
|  |  |  |
| **Signature** |  | |

Or Stamp here (if available)

All locations: Drouin (Main office). Noble Park (Located inside South Eastern Private Hospital)   
Visiting: Koo Wee Rup, Pakenham, Korumburra, Leongatha, Yarram, Traralgon Churchill, Lang Lang, Foster, Bunyip

**Home Based Sleep Study Request Form**