|  |  |  |
| --- | --- | --- |
| **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**

**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**