Home Based Sleep Study Request Form

Ph: (03) 5625 5155 Send completed form by fax (03) 5625 5154 or email info@sleep-care.com.au

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

Clinical Information

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

STOP-BANG Questionnaire **OR** OSA 50

STOP-BANG Questionnaire	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

OSA 50	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

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)