PDC Health Hub
Sleep study referral

P: 08 6110 0570 **F:** 08 9355 5718
E: admin@pdchealthhub.com.au

Patient details	
Name	
Date of birth	
Address	
Telephone	
Email	
Medicare No/DVA No	
Healthfund	

Referring doctor details (all referrals must be signed and dated for medical purposes)		
Stamp	Name	
	Provider No	
	Telephone	
	Address	
	Suburb	
	Postcode	
Signature Date:		

Service requested
Diagnostic sleep study – to confirm diagnosis of Obstructive Sleep Apnoea and specialist consultation where deemed appropriate by the sleep physician.

Clinical history	

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Medical co-morbidities (please complete as appropriate)		
Height (cm) =	☐ Type 2 diabetes ☐ AF ☐ Cardiac failure ☐ Stroke/TIA ☐ COPD	Previous sleep study: ☐ No ☐ Yes
Weight (kg) =	Other co-morbidities: _____ _____	Date: _____
BMI (kg/m2) =		

Medicare guidelines criteria
(STOPBang **OR** OSA50 **AND** Epworth Sleepiness Scale Questionnaire)

STOP-Bang: a score of <u>>3</u>		**OSA50: a score of <u>>5</u>**	
☐ **S** - Does the patient SNORE loudly? ☐ **T** – Does the patient often feel TIRED, fatigued or sleepy during daytime? ☐ **O** – Has anyone OBSERVED the patient stop breathing during sleep? ☐ **P** – Does the patient have or is the patient being treated for high blood PRESSURE? ☐ **B** – Does the patient have a BMI more than 35? ☐ **A** – AGE over 50 yrs ☐ **N** – Neck circumference (shirt size) more than 40cm / 16 inches ☐ **G** – Is the patient MALE? **Each question is 1 score.** **TOTAL score:** ___	**OR**	**O:** Obesity (3)	<u>Waist circumference:</u> Male >102cm or Female >88cm
		S: Snoring (3)	Has your patient's snoring ever bothered other people?
		A: Apnoea (2)	Has anyone noticed that your patient stopped breathing during sleep?
		50 (2)	Is your patient aged 50 years or over?
		( ) = score	**TOTAL score:** _____

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AND

Epworth Sleepiness Scale Questionnaire: a score of <u>>8</u>

Scenario	**Tick one box for each scenario** *(see scoring scale below)*			
Score	**0**	**1**	**2**	**3**
Sitting and reading				
Watching TV				
Sitting inactive in public place (e.g. theatre or meeting)				
As a passenger in a car for an hour without a break				
Lying down in the afternoon when circumstances permit				
Sitting and talking to someone				
Sitting quietly after lunch without alcohol				
In a car, while stopped for a few minutes in traffic				
TOTAL SCORE *(add up total responses)*				

For the 8 situations in the table above, how likely is the patient to doze off or fall asleep, in contrast to just feeling tired? Even if the patient has not done some of these things recently, ask them how the situations *would* have affected them.

Use the following scale to choose the most appropriate number for each situation:

0 = would never doze
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing
Then total the scores