



Melbourne
Respiratory &
Sleep Services

SLEEP STUDY/ CONSULTATION REQUEST

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(see QR below)

Patient Details

Surname : _____

Given Name : _____

Address : _____

Date of Birth : _____

Telephone : _____

Requesting doctor

Name : _____

Provider number : _____

Address : _____

Phone/ Fax : _____

Signature : _____ Date: _____

Copies to : _____

Sleep Study

- ☐ Home Based*
- ☐ In Lab (Privately insured patients)
- ☐ Sleep physician consultation

***Please complete ESS and OSA 50 questionnaires on the reverse side.
For Medicare subsidised sleep study prior to or without sleep physician consultation following criteria must be met.
ESS >=8 and OSA 50>=5*

Clinical Notes / Reason for Referral

Epworth Sleepiness Scale (ESS)

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you.

Use the following Scale:

- 0 - Would never doze
- 1 - Slight chance of dozing
- 2 - Moderate chance of dozing
- 3 - High chance of dozing

Sitting and Reading

Sitting, inactive in a public place e.g. theatre or a meeting

Lying down to rest in the afternoon when circumstances permit

Sitting, quietly after lunch without alcohol

Watching TV

As a passenger in a car for an hour without a break

Sitting and talking to someone

In a car, while stopped for a few minutes in traffic

Total

Johns MW. A new method for measuring daytime sleepiness: the Epworth sleepiness scale. Sleep. 1991Dec;14(6):540-5

OSA- 50 Screening Questionnaire

Please answer the following questions. A score of 5 or above (out of 10) may indicate a risk of Obstructive Sleep Apnoea.

	Yes	No
Obesity	3	0
Snoring	3	0
Apnoeas	2	0
Age 50 or over	2	0

Obesity

Waist circumference

Male > 102 cm

Female > 88 cm

Snoring

Has your snoring ever bothered other people?

Apnoea

Has anyone noticed that you stop breathing during your sleep?

Age

Are you aged 50 years or over?

Chai-Coetzer CL et al Thorax. 2011 Mar;66(3):213-9

Total

Medicare Required Questionnaire

For direct referral for sleep studies (At home or in LAB) ESS≥8 & OSA-50≥5 (Both conditions must be satisfied)

Additional Comments

If you require any specific assistance such as interpreter, or have any questions regarding your appointment, please include them here.



Location

Main Lab
226, Burgundy St, Heidelberg VIC 3084

SCAN ME