HOME SLEEP STUDY REFERRAL

Health Dynamics Tasmania

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PATIENT DETAILS

Title: Full name:
DOB: Gender: Please select
Address:
Phone number:

Referral Date:

Drivers Licence Type

Standard		Commercial	

REFERRAL TO A SLEEP PHYSICIAN RECOMMENDED FOR TRUCK OR COMMERCIAL DRIVERS

Patient Presentation			
Snoring?		Type 2 diabetes?	
Excessive daytime sleepiness?		Congestive Heart Failure?	
Nocturia?		Narcolepsy?	
Witnessed apnoeas?		Insomnia?	
Depression?		Abnormal movements in sleep?	
Hypertension?			

Clinical History:

INVESTIGATION REQUIRED

Overnight ambulatory home-based sleep study for investigation of sleep apnoea

Comments:

REFERRING DOCTOR

Full Name:

Address:

Provider Number: Signed:

## STOP BANG Questionnaire **(Answer Yes or No for each question)**		Yes or No
S)nore	Do you snore?	Select
T)ired	Do you feel fatigued during the day?	Select
	Do you wake feeling like you haven't slept?	Select
O)bstruction	Have you been told you stop breathing at night?	Select
	Do you wake choking or gasping for air?	Select
P)ressure	Do you have high blood pressure?	Select
	Are you on blood pressure medications?	Select
If yes to 2 or more questions above at risk of OSA		
B)MI Body Mass Index	Is your BMI > 28?	Select
A)ge	Are you 50 or more years old?	Select
N)eck	Are you a male with a neck circumference >43cm?	Select
	Are you a female with a neck circumference >41cm?	Select
G)ender	Are you male?	Select

The more questions answered yes in the BANG portion, the higher the risk of having moderate to severe OSA.

EPWORTH sleepiness scale (Score 0-3 for each situation)

What are the chances of you dozing off or falling asleep in the below scenarios? Feeling tired is not counted. The situations refer to your life recently. *If you have not been doing some of these activities, decide how they would have affected you.* Choose the most appropriate number from the following scale for each scenario.

0 = No chance of dozing	1 = Slight chance of dozing	2 = Moderate chance of dozing	3 = high chance of dozing
Sitting Reading	Select	Lying down in the afternoon when circumstances allow	Select
Watching TV	Select	Sitting and talking to someone	Select
Sitting inactive in a public place (e.g. meeting or theatre)	Select	Sitting quietly after lunch without alcohol	Select
Sitting in a car as a passenger for an hour without a break	Select	Sitting in a car stopped in traffic for a few minutes	Select

Total score for the above situations:
0-10 Normal range
11-14 Mild sleepiness
15-17 Moderate sleepiness
>18 Severe sleepiness

Total Select Total Score

Could you please complete the above questionnaires with your patient? If they answer Yes to 4 or more questions AND score 8 or more with the ESS they are eligible for an ambulatory in home sleep study to be billed through Medicare WITHOUT seeing a sleep physician first and this will be organised promptly (please include this form with the ambulatory referral letter). If they do not answer Yes to 4 or more questions AND score 8 or more on the ESS, a sleep physician needs to review the patient prior to any home sleep study.

Referrals for in home ambulatory sleep studies may be sent via email, or in person.

Email: Info@healthdynamics.com.au