HOME SLEEP STUDY REFERRAL

HOBART | LAUNCESTON | DEVONPORT

Health Dynamics Tasmania

HealthLink ID: hdynamic
Fax: 03 4206 7880
Email: info@healthdynamics.com.au

PATIENT DETAILS

Title: Full name:

DOB: Gender: Pension Number:

Address:

Phone number: Drivers Licence Type:

Medicare Card No: Ref No: Expiry:

STOP BANG Questionnaire

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

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		Lying down in the afternoon when circumstances allow	
Watching TV		Sitting and talking to someone	
Sitting inactive in a public place (e.g. meeting or theatre)		Sitting quietly after lunch without alcohol	
Sitting in a car as a passenger for an hour without a break		Sitting in a car stopped in traffic for a few minutes	

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

Total

Please complete the above questionnaires with your patient. If they answer Yes to 4 or more questions in the STOP BANG 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 STOP BANG questions AND score 8 or more on the ESS, a sleep physician needs to review the patient prior to any home sleep study due to Medicare requirements.

INVESTIGATION REQUIRED

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

Patient Presentation			
Excessive daytime sleepiness ?		Abnormal Movements in sleep	
Nocturia?		Congestive Heart Failure?	
Depression?		Narcolepsy?	
Hypertension?		Insomnia?	
Type 2 Diabetes?			

CLINICAL HISTORY (INCLUDING DETAILS OF ANY MOTOR VEHICLE ACCIDENTS AND OF ANY EPISODES OF FALLING ASLEEP WHILST DRIVING)

CURRENT MEDICATIONS

REFERRING DOCTOR

Full Name:

Address:

Provider Number: Signed: Referral Date:

Email: info@healthdynamics.com.au Fax: 03 4206 7880 HealthLink ID: hdynamic