



## Home Sleep Test Referral

You must have a sleep study to be seen in a sleep clinic.

Plan your Sleep study at least 4 weeks before your sleep clinic date. Please fill this form and have a GP referral (addressed to Mr de Silva or CSSC) for the following two places to book your sleep study.

Peninsula CPAP Services: Phone 59867136, email: peninsulasleepstudies@outlook.com

Address: 1/37 Dava Drive, Mornington VIC 3931 or 1953 Lavers Hill Cobden Road, Simpson 3266

Alternatively, you can ask your GP to book a study closer to you.

### REASON FOR REFERRAL (PLEASE CIRCLE)

Home Sleep Study

Trial of APAP

CPAP Treatment Review Study

Full Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Commercial Drivers Licence: Yes/No

Email: \_\_\_\_\_

Phone/Mobile: \_\_\_\_\_

Height: \_\_\_\_\_ cm Weight: \_\_\_\_\_ kg

Address: \_\_\_\_\_

Medicare Number: \_\_\_\_\_/REF \_\_\_\_\_

### Both STOP BANG and ESS scores MUST be completed to Qualify for a Medicare rebated Home Sleep Study (Medicare Item 12250)

Use the Following scale to choose the most appropriate answer:

- 0 - No Chance
- 1 - Slight Chance
- 2 - Moderate Chance
- 3 - High Chance

#### ESS Questionnaire - *Patient must score 8 or more to qualify.*

How Likely are you to doze off (fall asleep) in the following Situations?

Sitting and reading	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Watching Television	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sitting Inactive, in a public space	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Lying down to rest in the afternoon- when circumstances permit	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sitting and talking to someone	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sitting Quietly after a lunch without alcohol	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
As a passenger in a car for an hour without a break	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
In a Car, while stopped for a few minutes in traffic	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
				<b>Total</b>



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### Stop Bang Questionnaire - *Patient Must Score 3 or more to qualify*

Do you <b>S</b> nore loudly (loud enough to be heard through closed doors or your bed partner elbows you for snoring at night)?	<input type="radio"/> Yes	<input type="radio"/> No
Do you often feel <b>T</b> ired, fatigued, or sleepy during the day (such as falling asleep during driving or talking to someone)?	<input type="radio"/> Yes	<input type="radio"/> No
Has anyone <b>O</b> bserved you stop breathing or choaking/gasping during your sleep?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have or are you being treated for high blood <b>P</b> ressure?	<input type="radio"/> Yes	<input type="radio"/> No
Is your <b>B</b> ody mass index more than 35 kg/m2?	<input type="radio"/> Yes	<input type="radio"/> No
Are you <b>A</b> ged older than 50?	<input type="radio"/> Yes	<input type="radio"/> No
Is your <b>N</b> eck size large: For male shirt collar 17inches/ 43cm or larger? For female, Shirt collar 16inches /41cm or larger?	<input type="radio"/> Yes	<input type="radio"/> No
Is your <b>G</b> ender Male?	<input type="radio"/> Yes	<input type="radio"/> No
	<b>Total</b>	

### Symptoms and Medical Conditions

- Hypertension
- Cardiac Failure
- Other
- Overweight
- Atrial Fibrillation
- Family History (OSA)
- Clinical History
- Stroke/Tia
- Type II Diabetes
- COPD
- Pacemaker

**For a Referral to be Valid, please ensure the following details are completed and SIGNED.**

Referring Dr. Name: Nalaka de Silva

Practice Name:  
CSSC  
7 Village Lane  
Mt Eliza

Provider no:

Email: [info@mpent.com.au](mailto:info@mpent.com.au)

Phone: 97893636

Fax: 97893096

Referral Date: \_\_\_\_\_

**Referring Dr Signature:**

\_\_\_\_\_