

Referral for a Sleep Study

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MBS Item 12250

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Bendigo Sleep Lab
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Open Monday to Thursday 9am - 5pm, Friday 9am - 12noon



Patient Details

Full Name: Home phone:
DOB: M / F Mobile:
Address: Occupation:
..... Medicare card # (10 digits)
Post code: Medicare ref # (left of name): Expiry date:

Procedure Requested

- Diagnostic Sleep Study
- ApneaLink (Flow Oximetry, Effort) *No Medicare rebate
- Please send my patient to the sleep & respiratory specialist PRIOR to any sleep study being performed
- MAS (Mandibular Advancement Splint) review
- Pre-surgical assessment including Sleep Study

Clinical Details

Height (cm): Weight (kg):

Reasons for referral:

- Snoring
- Coughing at night
- Disturbed sleep
- Insomnia
- Witnessed apnoeas
- Choking/gasping at night
- Grinding
- Wake with headache
- Always tired
- TMJ pain
- Wake unrefreshed
- Diabetes 2
- Depression
- Stroke
- Heart disease
- Hypertension
- Other:

Referring Doctor Details

Name: Stamp:

Address:

Phone: Fax:

Provider No. (8 characters)

Signed: Date:

- GP Physician (Cardiologist/ENT)
- Sleep and Respiratory
- Report: Routine Urgent by date

Patient Screening Questionnaires:

Please complete the following screening questionnaires with your patient. It is now a Medicare requirement that for a patient to qualify for an overnight sleep study without seeing a Sleep Physician they need to:

- Score ≥ 5 points on the OSA 50 + have an ESS of ≥ 8 or;
- Score ≥ 3 points on the STOP-Bang + have an ESS of ≥ 8

If unsure complete referral and send to Bendigo Sleep Lab who will contact referrer and/or patient as required to manage appropriate clinical pathway.

OSA 50		If yes, circle SCORE
Obesity	Waist circumference* Male > 102cm Female > 88cm	3
Snoring	Has your snoring ever bothered people?	3
Apnoeas	Has anyone noticed that you stop breathing during your sleep ?	2
50	Are you aged 50 years or over?	2
Total		

*Waist measurements need to be done at the level of the umbilicus (belly button).

STOP-Bang		If yes, circle SCORE
Snoring	Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?	1
Tired	Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?	1
Observed	Has anyone Observed you Stop Breathing or Choking /Gaspings during your sleep?	1
Pressure	Do you have or are being treated for High Blood Pressure ?	1
Body Mass Index*	Height: Weight: BMI: Is BMI ≥ 35 /kg/m ² ?	1
Age	Are you aged 50 years or over?	1
Neck Size^	Male, is your shirt collar 17 inches / 43cm or larger ? Female, is your shirt collar 16 inches / 41cm or larger ?	1
Gender	Are you male ?	1
Total		

*Enter height and weight if BMI unknown ^Measured around the Adams apple

Epworth Sleepiness Scale (ESS)	If yes, circle SCORE			
	Never	Slight	Moderate	High
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've affected you.				
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. theatre, meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in the traffic	0	1	2	3
Total				