

SHEPPARTON SLEEP CENTRE

234-236 Wyndham St. Shepparton Ph: 03 5822 1661
Fax: 03 5821 9241 Email: cpap@sheppartonsleepcentre.com.au
www.sheppartonsleepcentre.com.au

HOME BASED SLEEP STUDY REFERRAL

PATIENT PARTICULARS

Name:	
DOB:	
Address:	
Contact Details:	
Medicare No:	Ref No:
Expiry Date	

REFERRING DOCTORS DETAILS:

For this referral to be valid, please ensure the following details are completed

Name:	
Practice Name:	
Address:	
Phone No:	
Fax No:	
Provider No:	
Date of Referral:	
Reason for Study:	

*** PLEASE NOTE ***

THIS FORM MUST BE STAMPED & SIGNED BY REFERRING DOCTOR

MEDICARE CHANGES:

Eligibility for Medicare subsidised Home Based Sleep Studies

From the **1ST NOVEMBER 2018**, Medicare are rolling out changes to item code 12250 and will be introducing revised eligibility guidelines for the diagnosis of sleep apnoea using home based studies.

All Medicare subsidised studies must meet the approved criteria on page 2 in accordance with Medicare item 12250. The assessment and appropriateness of Home Studies are overseen by a supervising sleep physician.

Name:	Height:	cm	Weight:	kg
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ESS QUESTIONNAIRE (COMPULSORY) FOR A MEDICARE SUBSIDISED SLEEP STUDY A PATIENT MUST SCORE 8 OR MORE ON THE FOLLOWING:

HOW LIKELY ARE YOU TO DOZE OFF IN THE FOLLOWING SITUATIONS?

	None	Slight	Moderate	High
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive, in a public place	0	1	2	3
Lying down to rest in a the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
Total Score:				

STOP BANG QUESTIONNAIRE (COMPULSORY) FOR A MEDICARE SUBSIDISED SLEEP STUDY A PATIENT MUST SCORE 4 OR MORE. EACH QUESTION IS WORTH 1 POINT

Do you Snore loudly (loud enough to be heard through closed doors or your bed – partner elbows you for snoring at night?)	Yes	No
Do you often feel Tired , fatigued, or sleepy during the day (such as falling asleep during driving or talking to someone)?	Yes	No
Has anyone Observed you stop breathing or choking / gasping during your sleep?	Yes	No
Do you have or are being treated for high blood pressure ?	Yes	No
Is your Body Mass Index more than 35/ms? (BMI)	Yes	No
Is your Neck size large: For Male is your shirt collar 17 inches / 43cm or larger? For Female is your shirt collar 16 inches / 41cm?	Yes	No
Is your Gender male?	Yes	No
Total “YES” answers:		

High Risk = Yes 5 – 8

Intermediate Risk = Yes 3 – 4

Low Risk = Yes 0 – 2