

242 Wyndham Street Shepparton VIC 3630

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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:	
Signature:	
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 March 2021**, direct GP referrals for overnight diagnostic sleep study items 12203 and 12250 will require a 'STOP-Bang' screening score of 3 rather than 4. Revised on page 2.

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.

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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 **3 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