Sleep Testing and Treatment

ph 0416 632 699 fax 8125 3883
Healthlink EDI: cpaproom
reception@thecpaproom.com.au
2/229 Main Road BLACKWOOD 5051

Patient Details

Name ____

Address ____

____

DOB ______________ Phone _________________________

email ____

Medicare No. ______________________________________

Height ______ cm Weight ______ kg BMI _______ Gender _____

Medical Presentations

- ☐ Witnessed Apnoeas
- ☐ Hypertension
- ☐ Excessive Daytime Tiredness
- ☐ Type 2 Diabetes
- ☐ Congestive Heart Failure
- ☐ Commercial Driver
- ☐ Snoring
- ☐ Arrhythmia
- ☐ Insomnia
- ☐ Nocturia
- ☐ Narcolepsy
- ☐ Previous Sleep Study

Sleep Investigation Required

- ☐ Home Sleep Study
- ☐ PAP Review
- ☐ Dental Device Review

Follow up

- ☐ Consultation and ongoing management with Dr Carissa Yap *(recommended)*

OR

- ☐ No Specialist consultation required

Clinical notes

____

____

____

____

____

____

____

Referring Doctor Details

Name ___________________________ Provider No ________________ Signature:

Ph ________________ Address ____

Medicare Criteria Questionnaires

Medicare subsidised sleep studies **REQUIRE** an **Epworth** ≥ 8 **AND EITHER** a **Stop-Bang** ≥ 4 **OR** an **OSA50** ≥ 5.

Patients who **do not meet the criteria** will be offered an appointment with the Sleep Physician for assessment.

Patients with **incomplete or inconclusive referrals** will be contacted by our Sleep Technician for further information.

REQUIRES **Epworth ≥ 8**

How likely are you to doze off in these situations:
0 = Never, 1 = Slight chance, 2 = Moderate chance, 3 High chance

Situation	Score
Sitting and reading	___
Watching TV	___
Sitting inactive in a public place	___
As a passenger in a car without a break	___
Lying down in the afternoon when circumstances permit	___
Sitting and talking to someone	___
Sitting quietly after lunch without alcohol	___
In a car, while stopped in traffic for a few minutes	___
Total =	___

AND EITHER **Stop-Bang ≥ 4**

- ☐ Do you snore loudly?
- ☐ Do you feel tired, sleepy or fatigued during the daytime?
- ☐ Has anyone observed you stop breathing during your sleep?
- ☐ Do you have or being treated for high blood pressure?
- ☐ Do you have a BMI over 35?
- ☐ Age over 50?
- ☐ Neck circumference more than 40cm?
- ☐ Are you male?

___ = **Total (1 point per tick)**

OR **OSA50 ≥ 5**

If YES score of

Score	Question
3	Waist circumference Male >102cm, Female >88cm
3	Has your snore ever bothered other people?
2	Has anyone noticed you stop breathing?
2	Are you aged 50 yrs or over?

___ = **Total**