



Patient Details

Name			
DOB		Sex	
Email		Weight	
Medicare/ DVA No.		Height	
Address		Phone	
City / Post Code			

Sleep Service Requested (select X)

<input type="checkbox"/> Home Sleep Study	<input type="checkbox"/> CPAP Download / Review	<input type="checkbox"/> Other
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Epworth Questionnaire (select X)

What is the chance of dozing off or falling asleep during the day performing these activities in the last month	Score (0 - 3)	0 – Would never 1 – Slight chance 2 – Moderate chance 3 – High chance
Activity		
Watching TV		
Sitting and reading		
As a passenger in a car for one hour without a break		
Lying down to rest in the afternoon when circumstances permit		
Sitting and talking to someone		
Sitting quietly after a lunch without alcohol		
Sitting inactive in public place like meeting or movies		
In a car, while stopped for a few minutes in traffic		
Total Epworth Score		

For a Medicare subsidised sleep study a patient must score 8 or more on the Epworth Sleepiness Scale (ESS). A score of 7 or less requires a consultation with a Sleep Physician prior to conducting a Medicare subsidised sleep study.

STOP-BANG Screening Questionnaire (select X)

Snoring - Do you snore loudly?	
Tired - Do you often feel tired, fatigued or sleepy during the daytime?	
Observed - Has anyone noticed you stop breathing during your sleep?	
Pressure - Do you have or are you being treated for high blood pressure?	
Body Mass Index more than 35kg/m ² ?	
Age - older than 50 years?	
Neck size (Male 43cm or larger / Female 41cm or larger)?	
Gender = Male	
Total Score	

For a Medicare subsidised sleep study a patient must score 4 or more for Stop Bang score. A score of 3 or less requires a consultation with a Sleep Physician prior to conducting a Medicare subsidised sleep study.

Referred By

Practice			
Address			
Doctor		Provider No.	
Phone		Fax	
Email		Signature	
Date			