

**REPORTING PHYSICIAN**

Dr. Geoffrey Williams  
Chest and Sleep Physician

Dr Veenu Mubarak  
Respiratory Physician

Referral Date: \_\_\_ / \_\_\_ / \_\_\_

**SERVICES REQUESTED**

- Overnight Ambulatory Investigation for Obstructive Sleep Apnoea (please confirm eligibility criteria below)
- CPAP Treatment Trial
- CPAP Treatment Review

**PATIENT DETAILS**

Name: \_\_\_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Medicare No: \_\_\_\_\_  DVA  CTT

**SLEEP STUDY ELIGIBILITY CRITERIA** (two or more required) please tick as appropriate

- Witnessed Apnoea or Choking
- Regular Loud Snoring
- Regular Fatigue or Sleepiness
- CV Risk - Obesity (BMI > 30), Hypertension, Cardiac Disease, Diabetes
- Epworth Sleepiness Scale: \_\_\_\_\_

**ESS QUESTIONNAIRE**

For a Medicare subsidised sleep study a patient must score 8 or more on the following.

Total score: \_\_\_\_\_

How likely are you to doze off in the following situations?	0	1	2	3
Sitting and reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting inactive, in a public space	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lying down to rest in the afternoon when circumstances permit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting and talking to someone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting quietly after a lunch without alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a passenger in a car for an hour without a break	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In a car, while stopped for a few minutes in traffic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Use the following scale to choose the most appropriate answer:  
0 - No chance  
1 - Slight chance  
2 - Moderate chance  
3 - High chance

**OSA 50 SCREENING QUESTIONNAIRE**

For a Medicare subsidised Sleep Study, a patient MUST score 5 or more on the following

Total score: \_\_\_\_\_ /10

Obesity - Waist circumference over 102cm (Male) or over 88cm (Female) If answered Yes - Add 3 points	___/3
Snoring - Has your snoring ever bothered other people? If answered Yes - Add 3 points	___/3
Apnoeas - Has anyone noticed that you stop breathing during your sleep? If answered Yes - Add 2 points	___/2
50 - Are you aged 50 years or over? If answered Yes - Add 2 points	___/2

**REFERRING GENERAL PRACTITIONER**

Doctor: \_\_\_\_\_ Provider No: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

