

REPORTING PHYSICIAN

Referral Date: ____ / ____ / ____

Dr Csaba Peter Varga
Respiratory and Sleep Medicine Physician
Provider # 572475AH

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 ITC

Height: _____ Weight: _____

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: _____

How likely are you to fall asleep in the following situations, in contrast to just feeling tired?

ESS QUESTIONNAIRE *please tick as appropriate*

For a Medicare subsidised Sleep Study, a patient MUST score 8 or more on the following:

Total score: _____

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

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) <i>If answered Yes - Add 3 points</i>	_____ / 3
Snoring - Has your snoring ever bothered other people? <i>If answered Yes - Add 3 points</i>	_____ / 3
Apnoeas - Has anyone noticed that you stop breathing during your sleep? <i>If answered Yes - Add 2 points</i>	_____ / 2
50 - Are you aged 50 years or over? <i>If answered Yes - Add 2 points</i>	_____ / 2

REFERRING GENERAL PRACTITIONER

Doctor: _____ Provider No: _____

Address: _____ Phone: _____

Signature: _____

TAKING A SLEEP TEST IS NOW EASIER THAN EVER

Taking a sleep test is now easier than ever. Sleep testing is setup in our clinic by a trained Sleep Consultant. Testing occurs in your own home by wearing the equipment overnight and then returning to the clinic. Your readings are reported by a specialist sleep physician in Sydney and the results can take up to two weeks. For your sleep test, simply obtain a sleep referral from any GP, and book your appointment with us.

HOME SLEEP TESTING STEPS

- STEP 1** You will be fitted with a sleep testing device at our clinic. You will have approximately eight wires on the face and chest area connected to a portable device that sits on the chest. The device will not restrict your mobility. You will be able to drive but many patients prefer to be driven by a friend or relative due to having visible wires around your face.
- STEP 2** Please bring along your Medicare card, personal identification and any other health benefit cards.
- STEP 3** Wear loose fitting, comfortable clothing and shower before your appointment. Please note, due to the fitted electrodes and wires, you will not be able to shower until the following morning. We also request the removal of any nail polish, as you will be wearing a finger oximeter.
- STEP 4** Now you sleep! On returning home we ask you to rest and sleep as you normally would. The Sleep Study is a record of your typical night's sleep.
- STEP 5** When you wake up the next morning, you can simply remove the sleep study equipment and fill out our Post Sleep study questionnaire.
- STEP 6** The Sleep Study equipment is required to be returned to Sleep Apnoea NQ the morning after your home test.
- STEP 7** A copy of your results are reviewed by a specialist sleep physician in Sydney with the results returned in approximately two weeks. You will need a follow up appointment with your GP to discuss the results.

NOTES:
