



ADULT SLEEP STUDY REFERRAL FORM

PATIENT INFORMATION									
Name:		Date of Birth:			Age	Mobile number:			
Medicare #		Gender:	Height :	cm	Weight:	kg	BMI:	kg/m2	

Please fax referral to 07 5649 8684 or send via Medical Objects: search "gold coast lung and sleep" or Provider number 269410DJ or ID HG4217000B4. We will contact your patient with the next available appointment

Tests Requested (Tick any one)

- Diagnostic Sleep Investigation
- Sleep Physician Consultation

OSA 50 Screening Questionnaire	If YES, score
Waist circumference*: Male > 102cm Females > 88cm	3
Has your snoring ever bothered other people?	3
Has anyone noticed you stop breathing during your sleep?	2
Are you aged 50 years or over?	2
TOTAL SCORE OUT OF 10	

Epworth Sleepiness Scale

0-Unlikely 3-Likely

- Sitting and reading
- Watching TV
- Passenger in a car trip
- Sitting and talking to someone
- Sitting inactive in public (meeting or theatre)
- Lying down in the afternoon when able
- Sitting after lunch without alcohol
- In a car stopped in traffic for a few minutes

(Rate 0-3 to indicate chance of dozing)

Total

OSA50 Score must be ≥ 5 **AND** ESS score must be ≥ 8 to meet criteria for a Medicare funded diagnostic sleep investigation. If the criteria are not met, [request a sleep physician consult.](#)

Does the patient have any of the following (please tick all that apply)

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Unexplained sleepiness <input type="checkbox"/> Active cardiac disease / arrhythmia <input type="checkbox"/> Possible movement disorder (no RLS) <input type="checkbox"/> Possible sleep hypoventilation <input type="checkbox"/> Possible Parasomnia | <ul style="list-style-type: none"> <input type="checkbox"/> Acromegaly or thyroid disease <input type="checkbox"/> Possible central sleep apnea <input type="checkbox"/> Neurological issues <input type="checkbox"/> Unsuitable for home study (Note reason) |
|--|---|

Referring Doctor's Details

Name: _____
 Address: _____
 Provider no: _____
 Signature: _____
 Date: _____