Western Sleep Clinic

PLEASE FAX: (02) 8076 7639
or Email: bookings@westsleep.com.au

AT HOME (AMBULATORY) SLEEP STUDY REFERRAL FORM

Patient Name: .....

Date of Birth: ..... **Telephone:** .....

Medicare Funded: "NO PATIENT WILL BE ELIGIBLE WITHOUT THREE REQUISITE CRITERIA"

1	A completed "STOPBANG" questionnaire with a score of 4 or greater
2	A completed ESS (Epworth Sleep Score) with a score of 8 or greater
3	A completed referral – which must be personally signed by the referring practitioner

REGARDING THIS PATIENT

1 STOP BANG Questionnaire:

A minimum of 4 positive responses are required. Please tick as appropriate.

Snore: Do they snore loudly?	
Tired: Do they feel tired (sleepy or fatigued) during the day?	
Observed: Have they been observed to stop breathing during their sleep?	
Pressure: Do they present with elevated blood pressure (when untreated)?	
BMI: Do they present with a Body Mass Index greater than 35?	
Age: Are they aged 50 years or more?	
Neck: Do they have a neck circumference greater than 40cm?	
Gender Are they male?	

2 Epworth Sleepiness Scale:

Use the following scale to choose the most appropriate score for each situation.

Score Would never dose = **0** Slight chance of dozing = **1** Moderate chance of dozing = **2** High chance of dozing = **3**	
Sitting and reading	
Watching television – –	
Sitting inactive in a public place (E.g: a theatre or meeting)	
As a passenger in a car for an hour without a break	
Lying down to rest in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
Total (add up responses):	

Other History/Co-morbidities:

REFERRING DOCTOR

Name: ..... Date: .....

Provider No: ..... Signature: .....

I confirm this referral meets with the requisite criteria detailed above.

Patient Notes:

This is a simple non-intrusive test performed (following clinical consultation) in the privacy of your own home. Your Sleep Clinician will provide you with everything you need to know to perform this test.

You will need to remove any nail polish or acrylic nails from the middle or ring finger of your non-dominant hand. You or a colleague will need to return the test device on the morning following your test.

REVIEWING PHYSICIAN

Western Sleep Clinic.

MARTHA THOMAS
Consultant / Sleep Scientist

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Sleep Naturally