



QLD SNORE CLINIC

Referral Form

Medical-Objects

Fax: (07) 5478 8000
Email: danica@snorestop.com.au
Phone: 0401 372 543

Patient Details

First name: _____ Last name: _____ Gender: Female Male
Address: _____
Telephone: _____ Email: _____ D.O.B: _____
Medicare No.: _____ Height: _____ cm Weight: _____ kg BMI: _____ Neck Circ: _____ cm
Driver's License Type (if applicable): Light Heavy Commercial

Referral for sleep and respiratory physicians (Please mark appropriate circle/s)

- Home sleep study - All Medicare subsidised studies must meet the approved criteria below in accordance with Medicare item 12250. The assessment and appropriateness of home studies are overseen by a supervising sleep physician. Based on the assessments and the study findings, certain complex patients may require a sleep physician consultation.
- Sleep physician consultations - Medicare and DVA rebates apply. Available at selected site only. Consultation fee and wait times will vary

Other services Required

- PAP Trial / Review
- Oximetry assessment with PAP therapy
- Positional therapy
- Sleep hygiene assessment
- Mandibular advancement oral device, for the treatment of snoring and sleep apnoea
- CPAP titration study

Relevant Medical Condition(s) (Please tick all applicable boxes)

- Atrial Fibrillation
- Family history of OSA
- COPD/Respiratory failure
- Restless sleep/Irritability
- Weight gain
- CCF/IHD
- Insomnia
- Type 2 diabetes
- Headaches
- CVA/TIA
- Other: _____

Communicable diseases (If applicable): _____
Disability (If applicable): _____

Referring Doctor

GP

Physician *Specialty:* _____

Name: _____

Provider No.: _____

Address: _____

Phone: _____

Signature: _____

Date: _____

Sleep study reported by QLD Snore Clinic's Sleep & Respiratory Specialist

Dr Benjamin Ng
Ivy Medical Specialists
109/10 Norbrick Drive
Bella Vista NSW 2153
P 02 88247800

How would you like to receive the report for patient review?
 Email: _____
 Fax: _____ Hard Copy

To determine eligibility for Medicare Subsidised Sleep Study, please ensure the questionnaires on both sections behind this page are completed.

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SECTION 1 - Please complete the ESS with your patient.

The Epworth Sleepiness Scale (ESS) How likely are you to doze off in these situations?	Never (0)	Slight (1)	Moderate (2)	High (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 a lunch without alcohol				
In a car, while stopped for a few minutes in traffic				
TOTAL SCORE	OUT OF 24			

DID YOUR PATIENT SCORE \geq 8?

YES - Please proceed to Section 2 to determine the Medicare eligibility of a Sleep Study

NO - Patient does not meet the Medicare criteria for a Sleep Study.

Please fax this referral to us for a Sleep Physician consultation.

SECTION 2 - Please complete STOP-BANG Questionnaire or OSA 50 Screening Questionnaire with your patient.

STOP-BANG Questionnaire	YES	NO
Do you snore loudly?		
Do you often feel tired, fatigued, or sleepy during the daytime?		
Has anyone observed you stop breathing during your sleep?		
Do you have or are you being treated for high blood pressure?		
Are you obese/very overweight - BMI more than 35 kg/m ² ?		
Age over 50 years old?		
Neck circumference greater than: 43cm (male) or 41cm (female)		
Are you male?		
TOTAL SCORE (1 point for each YES)	OUT OF 8	

Total Score must be > 4 to meet Medicare criteria.

OR

OSA 50 Screening Questionnaire	If YES, score
Waist circumference: Male > 102 cm Females > 88 cm	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

Total Score must be ≥ 5 to meet Medicare criteria.

PATIENT ELIGIBILITY - Please tick accordingly

Epworth Sleepiness Scale
Patient must score 8 or more



STOP - BANG or OSA 50
Patient must score ≥ 4 or ≥ 5



Patient is eligible

YES	my patient has high suspicion of Sleep Apnoea and meets the Medicare requirements for a Medicare Subsidised Sleep Study. Please proceed to facilitate the Sleep study by a supervising Sleep Physician.
NO	my patient does not meet Medicare requirements for a Medicare Subsidised Sleep Study. Please arrange for a Sleep Physician consultation to determine the necessity for a Sleep Study for my patient.

Please fax or email this referral to the contact details. Upon receiving this referral, we will contact the patient to organise the service(s) listed and you will receive a full report on the outcome.