



473-475 Lygon Street Brunswick East,3057

P: 03 9386 6701

F: 03 9383 4614

info@lygoneverydaychemist.com.au

www.lygoneverydaychemist.com.au

## HOME SLEEP STUDY REQUEST FORM

### To be completed by doctor

Patient details (all fields are mandatory)

Name	
Address	
Height	
Weight	
BMI	
Neck circumference	
Phone	
Mobile	
Email	
Date of birth (DD/MM/YY)	
Medicare/DVA number	
Reference number	
Expiry date	
Health insurance	Concession      Private
Commercial licence (if applicable)	Yes      No
Gender	Male      Female

### Doctor's details

Name	
Address	
Phone	
Fax	
Provider number	
Email	
Signature	
Date (DD/MM/YY)	
Please stamp if available	

### Comorbidities

Atrial fibrillation	Diabetes	Stroke/TIA	Depression
Hypertension	COPD	Cardiac failure	Other

Please complete the following questionnaire on behalf of patient

Sleep study type:	Overnight home study    CPAP trial
Other services:	Physician consultation    CPAP equipment review
Results required:	Standard      Urgent    Email    Fax

--	--

OSA50 Screening Questionnaire

Obesity: Waist circumference* – Male >102cm or Females >88cm (If yes, score 3)	Yes	No
Snoring: Has your snoring ever bothered other people? (If yes, score 3)	Yes	No
Apnoeas: Has anyone noticed that you stop breathing during your sleep? (If yes, score 2)	Yes	No
50: Are you aged 50 years or over? (If yes, score 2)	Yes	No
Total score (/10 points)		

\*Waist measurement to be measured at the level of the umbilicus.

NOTE: A score of 5 or more will support patient eligibility for a bulk billed study to be conducted.  
A score of 4 or less requires a consultation with a Sleep Physician prior to conducting a bulk-billed sleep study.

STOP-BANG questionnaire (please tick)

Do you snore loudly (louder than talking or can be heard through closed doors)?	Yes	No
Do you often feel tired, fatigued, or sleepy during the daytime?	Yes	No
Has anyone observed you stop breathing during your sleep?	Yes	No
Do you have or are you being treated for high blood pressure?	Yes	No
Do you have a BMI of more than 35kg/m <sup>2</sup> ?*	Yes	No
Are you over the age of 50?	Yes	No
Do you have a neck circumference greater than 40cm?*	Yes	No
Are you male?	Yes	No

\*This field is mandatory

NOTE: Answering yes to three or more questions will support patient eligibility for a bulk billed sleep study to be conducted. Answering yes to three or less questions will require the patient to have a consultation with a Sleep Physician prior to conducting a bulk billed sleep study.

Risk level	High	Low
------------	------	-----

Epworth Sleepiness Scale (ESS)

0 – Would never doze off      1 – Slight chance of dozing off      2 – Moderate chance of dozing off      3 – High chance of dozing off

Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. a waiting room, a theatre or a meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

NOTE: An ESS of seven or less requires a consultation with a Sleep Physician prior to conducting a bulk-billed sleep study.

OSA50 (Chai-Coetzer et al, Thorax. Mar 2011; 66(3):213-9)

All personal information in this referral form will be handled and dealt with in accordance with our Privacy Policy (a copy of which can be obtained from our website, www.boc.com.au or by calling 1800 050 999). Details given in this document are believed to be correct at the time of printing. While proper care has been taken in the preparation, no liability for injury or damage resulting from its use can be accepted. BOC is a trading name of BOC Limited, a member of The Linde Group. © BOC Limited 2019. Reproduction without permission is strictly prohibited.