

# Home Sleep Study Request Form



P: 3814 3343 F: 3814 2607 E: sleep@redbankplainspharmacy.com.au

## Patient details (all fields are mandatory)

To be completed by doctor

Name	Phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Email	
<input type="text"/>	<input type="text"/>	
Height	Weight	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> (DD/MM/YYYY)
BMI	Neck circumference	Medicare/DVA number
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Reference number
		<input type="text"/>
		Expiry date
		<input type="text"/>
		Health Insurance
		<input type="radio"/> Concession <input type="radio"/> Private
		Commercial licence (if applicable)
		<input type="radio"/> Yes <input type="radio"/> No
		Gender
		<input type="radio"/> Male <input type="radio"/> Female

## Doctor's details

Name	Signature
<input type="text"/>	<input type="text"/>
Address	Date
<input type="text"/>	<input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>
Provider number	Please stamp if available
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	

## Co-morbidities:

<input type="radio"/> Atrial fibrillation	<input type="radio"/> Diabetes	<input type="radio"/> Stroke/TIA	<input type="radio"/> Depression
<input type="radio"/> Hypertension	<input type="radio"/> COPD	<input type="radio"/> Cardiac failure	<input type="radio"/> Other <input type="text"/>

## 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

### STOP-Bang (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
- Has a BMI of more than 35kg/m<sup>2</sup>?  Yes  No
- Are you over the age of 50?  Yes  No
- Has a neck circumference greater than 40cm?  Yes  No
- Are you male?  Yes  No
- \*These fields are mandatory**

NOTE: Answering yes to four 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	00	01	02	03
Watching TV	00	01	02	03
Sitting, inactive in a public place (e.g. a waiting room, a theatre or a meeting)	00	01	02	03
As a passenger in a car for an hour without a break	00	01	02	03
Lying down to rest in the afternoon when circumstances permit	00	01	02	03
Sitting and talking to someone	00	01	02	03
Sitting quietly after lunch without alcohol	00	01	02	03
In a car, while stopped for a few minutes in traffic	00	01	02	03

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

Have your GP complete the Sleep Test Referral form  
and return it to Redbank Plains Pharmacy.



**Redbank Plains Pharmacy**  
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**Sleep Health**  
**FOUNDATION**  
ACCREDITED MEMBER

We operate according to guidelines set by Medicare. Medicare will rebate for one portable or home study test in a twelve month period. If an abnormality is discovered from your portable or home study, you may require a second study based in a hospital Sleep Laboratory for an overnight sleep study. \*Details accurate as at 20/11/2018.