SERENESLEEP STUDIES
BRINGING REST TO YOUR ADDRESS

Based in Footscray, VIC 3011

P 0420 673 857 **F**
E serenesleepexp@outlook.com

Patient Name: ..... Date of Birth: ..../..../....

Street Address: .....

Suburb: ..... State: ..... Post Code: .....

Email: ..... Phone: .....

MEDICARE: ..... **EXP:** .....

HEIGHT: ..... **WEIGHT:** ..... **BMI:** ..... **ESS:** ..... **STOP-BANG:** .....

CLINICAL INDICATIONS

- ☐ Respiratory indication (explain below)
- ☐ Snoring
- ☐ Morning or daytime tiredness
- ☐ Irritability
- ☐ Cognitive impairment
- ☐ Limb movement disorder
- ☐ Witnessed apnoea
- ☐ Excessive sleep disturbance
- ☐ Overweight/Obese
- ☐ Abnormal movements in sleep
- ☐ Morning headaches
- ☐ Other (explain below)

Additional details: .....

.....

The patient is suitable for an unattended, Home Sleep Study and does not have any of the following:

- An intellectual or cognitive impairment
- A physical disability with inadequate carer assistance
- Significant co-morbidities or suspected no OSA disorder
- Previously failed or inconclusive unattended study
- Unsuitable home environment or high anxiety level regarding study location

☐ Yes ☐ No

REFERRING DOCTOR STAMP

Doctor: .....

Provider number: .....

Date: .....

Copy to: .....

Signature: .....

To qualify for a Medicare rebate for a home-based study patients need to

score 8 or more on ESS	AND	score 5 or more on OSA50	OR	score 3 or more on STOP-Bang

To qualify for a Medicare rebated sleep study, the patient must either meet specific criteria on the completion of the questionnaires below or have a consultation with a sleep physician prior to their sleep study.

STOPBANG QUESTIONNAIRE

Please write a YES or a NO in the response column for each answer	**Response**
Snoring: Do you snore loudly (loud enough to be heard through walls or louder than talking volume)?	
Tired: Do you often feel tired, fatigued, or sleepy during the daytime?	
Observed: Has anyone observed you stop breathing or choking/gasping during the night?	
Pressure: Do you have, or are you being treated for high blood pressure?	
BMI: Do you have a body mass index greater than 35kg/m2?	
Age: Are you 50 years of age or older?	
Neck: Do you have a neck circumference greater than 43cm for males or 41cm for females?	
Gender: Is your gender male?	
YES answer = 1 point; NO answer is 0 points **TOTAL SCORE:**	

EPWORTH SLEEPINESS SCORE

In the following situations, please rate how likely you are to doze/fall asleep.

0 = Never doze 1 = Slight chance 2 = Moderate chance 3 = High chance

	Score		**Score**
Sitting and reading		Sitting quietly in a public place	
Lying down to rest in the afternoon		Watching TV	
Sitting quietly after lunch without alcohol		As a passenger in a car for an hour without a break	
Sitting and talking to someone		In a car stopped in traffic	
Add up all the scores to the above questions to work out the total score **TOTAL SCORE:**			