



Please send your referral to us by Fax: 07 5478 8000 or Email: danica@qldsnore.com
Our staff will contact the patient to book an appointment. Patients: Please bring this referral to your appointment.

Patient name _____ D.O.B _____

Email _____ Phone _____ Commercial drivers licence: Yes No

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 these 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 sites only. Consultation fee and wait times will vary.

ESS Questionnaire

For a Medicare subsidised sleep study a patient must score 8 or more on the following. Total score

How likely are you to doze off in the following situations?

Table with 4 columns of radio buttons (0-3) and a scale legend: 0 - No chance, 1 - Slight chance, 2 - Moderate chance, 3 - High chance.

STOP BANG Questionnaire

For a Medicare subsidised sleep study a patient must score 4 or more. Each question is worth 1 point. Total 'Yes' answers.

- Do you Snore loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?
Do you often feel Tired, fatigued, or sleepy during the day (such as falling asleep during driving or talking to someone)?
Has anyone Observed you stop breathing or choking/gasping during your sleep?
Do you have or are you being treated for high blood Pressure?
Is your Body mass index more than 35 kg/m2?
Are you Aged older than 50?
Is your Neck size large: For male, is your shirt collar 17 inches / 43cm or larger? For female, is your shirt collar 16 inches / 41cm or larger? (Measured around adams apple)
Is your Gender male?

ELIGIBILITY FOR MEDICARE SUBSIDISED STUDY

- Yes - Patient has qualified. Please fax referral to Queensland Snore Clinic for approval by a supervising sleep physician and home sleep study.
No - Patient is NOT eligible. Please fax this referral to Queensland Snore Clinic for further sleep study options. Private fee may apply.

SYMPTOMS (Please mark appropriate circle/s)

- Snoring, Witnessed apneas / nocturnal gasping / choking, Daytime lethargy / sleepiness, Cognitive impairment, Waking with headache, Weight gain, Restless sleep, Insomnia, Irritability

RELEVANT MEDICAL CONDITIONS (Please mark appropriate circle/s)

- Hypertension, Cardiac failure, Stroke / TIA, COPD, Overweight, Pacemaker, Type II Diabetes, Atrial fibrillation, Family history (OSA), Clinical history (optional, attach notes to this referral), Other

THERAPY REQUIRED (Please mark appropriate circle/s)

- CPAP/APAP treatment trial for the treatment of sleep apnea
CPAP therapy review with oximetry (pressure, compliance, mask review & full equipment check)
Supply of DVA approved equipment and services *For eligible DVA patients
Mandibular advancement oral device for the treatment of snoring and sleep apnea (Assessed & fitted by qualified dentist. Available at selected Sunshine Coast Clinics only)

For this referral to be valid, please ensure the following details are completed:

Referring Dr. name _____
Provider no. _____ Referral date ____/____/____
Practice name _____ Phone _____
Address _____ Fax _____
Email _____ Medical objects secure messaging
Referring Gp Signature _____