

FOR BOOKINGS PLEASE CONTACT:
FAX: 03 8677 9613 OR MOBILE: 0490 469 647
ADDRESS: 3/216 Main Street, Mornington VIC 3931

HOME BASED SLEEP STUDY REFERRAL

PATIENT PARTICULARS

NAME:	
DOB:	
ADDRESS:	
CONTACT DETAILS:	
MEDICARE NO:	
EXPIRY DATE:	

REFERRING DOCTOR DETAILS

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

NAME:	
PRACTICE NAME:	
ADDRESS:	
PHONE NO:	
FAX NO:	
PROVIDER NO:	
DATE OF REFERRAL:	
REASON FOR STUDY:	
SIGNATURE:	

MEDICARE CHANGES:

Eligibility for Medicare subsidised Home Based Sleep Studies

From the **1st November 2018**, Medicare are rolling out changes to item code 12250 and will be introducing revised eligibility guidelines for the diagnosis of sleep apnoea using home based studies

All Medicare subsidised studies must meet the approved criteria on page 2 in accordance with Medicare item 12250. The assessment and appropriateness of Home Studies are overseen by a supervising sleep physician.

Name:	Height:	Weight:
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ESS QUESTIONNAIRE (COMPULSORY) FOR A MEDICARE SUBSIDISED SLEEP STUDY A PATIENT MUST SCORE 8 OR MORE ON THE FOLLOWING:

HOW LIKELY ARE YOU TO DOZE OFF IN THE FOLLOWING SITUATIONS?				
	None	Slight	Moderate	High
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive, in a public space	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 a lunch without alcohol	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3
Total Score:				

STOP BANG QUESTIONNAIRE (COMPULSORY) FOR A MEDICARE SUBSIDISED SLEEP STUDY A PATIENT MUST SCORE 4 OR MORE. EACH QUESTION IS WORTH 1 POINT

Do you Snore loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?	Yes	No
Do you often feel Tired , fatigued, or sleepy during the day (such as falling asleep during driving or talking to someone)?	Yes	No
Has anyone Observed you stop breathing or choking / gasping during your sleep?	Yes	No
Do you have or are being treated for high blood Pressure ?	Yes	No
Is your Body mass index more than 35kg/m ² ? (BMI)	Yes	No
Are you Aged older than 50?	Yes	No
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?	Yes	No
Is your Gender male?	Yes	No
Total "Yes" answers:		

High Risk = Yes 5 – 8

Intermediate Risk= Yes 3 – 4

Low Risk = Yes 0 - 2

Approval of Medicare Item 12250 below by a Respiratory and Sleep Physician (Dr Mulder or Dr Kaul)

Name:		Provider Number:	
Signature	Date	Stamp	
 _____	 ____/____/____		

Notes:

- **Non-eligible patients now require either:**
 - A review with a Sleep Physician
 - A self-funded home based sleep study (\$285.05)
- **Patients will be contacted directly to book an appointment.**
- **Results will be faxed to the referring clinician within 10 days of study.**