

# Sleep Study Referral

Please email the completed form to: [sleep@centurionhealthcare.com.au](mailto:sleep@centurionhealthcare.com.au)  
or fax: **NSW** 02 9798 2355 | **VIC** 03 9017 3632 | **QLD Metro** 07 3378 4749 | **QLD Sunshine Coast** 07 5843 6822

## Patient Details

First name: \_\_\_\_\_ Last name: \_\_\_\_\_ Date of birth: DD / MM / YYYY  
Phone: \_\_\_\_\_ Language spoken: \_\_\_\_\_ Gender:  Male  Female  
Medicare number: \_\_\_\_\_ Medicare ref no: \_\_\_\_\_ Medicare exp date: MM / YYYY

## Doctor Details (Practice Stamp)

Referring doctor's name: \_\_\_\_\_ Provider no: \_\_\_\_\_  
Address: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Reason for referral: \_\_\_\_\_  
Service:  Medicare-funded sleep study  Physician Consult (NSW only)  Patient-funded sleep study  CPAP treatment  
Physician signature: **X** \_\_\_\_\_ Date: DD / MM / YYYY

**Sleep Questionnaires.** Please complete these to the best of your ability.

## 1. Epworth Sleepiness Scale (≥ 8 to qualify)

Situation	Chance of dozing/sleeping			
	Never	Slight	Moderate	High
1. Sitting and reading.	0	1	2	3
2. Watching TV.	0	1	2	3
3. Sitting, inactive in a public place (eg. a theatre or a meeting).	0	1	2	3
4. As a passenger in a car for an hour without a break.	0	1	2	3
5. Lying down to rest in the afternoon when circumstances permit.	0	1	2	3
6. Sitting and talking to someone.	0	1	2	3
7. Sitting quietly after a lunch without alcohol.	0	1	2	3
8. In a car, as the driver, while stopped for a few minutes in traffic.	0	1	2	3
<b>Total out of 24:</b>				

## STOP BANG Questionnaire (≥ 4 to qualify)

1.	Does the patient <b>S</b> nore?	1 point
2.	Do they feel <b>T</b> ired, fatigued or sleepy during the day?	1 point
3.	Has anyone <b>O</b> bserved them stop breathing during their sleep?	1 point
4.	Do they have or are being treated for high blood <b>P</b> ressure?	1 point
5.	Is their <b>B</b> MI greater than 35?	1 point
6.	Are they <b>A</b> ged 50 years or older?	1 point
7.	Is their <b>N</b> eck circumference greater than 40cm?	1 point
8.	Is their <b>G</b> ender male?	1 point
<b>Total score</b>		

## OSA50 Questionnaire (≥ 5 to qualify)

<b>Obesity</b>	Waist circumference Male > 102 cm Female > 88 cm	3 points
<b>Snoring</b>	Has their snoring ever bothered other people?	3 points
<b>Apnoeas</b>	Has anyone noticed them stop breathing during their sleep?	2 points
<b>50</b>	Are they aged 50 year or older?	2 points
<b>Total score</b>		/10