



# Sydney Respiratory & Sleep

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## HOME SLEEP STUDY REFERRAL

### PATIENT DETAILS

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### CLINICAL INDICATION

### REFERRAL PATHWAY

*Eligibility assessed through questionnaires included on back*

*ESS  $\geq 8$  + STOP-BANG  $\geq 3$*

*OR*

*ESS  $\geq 8$  + OSA50  $\geq 5$*

*AND no contraindications for home sleep  
apnea testing*

**My patient meets Medicare criteria for  
direct sleep study.**

**Please Organize and Send the Results**

*ESS  $< 8$*

*OR*

*ESS  $\geq 8$  but STOP-BANG  $< 3$  and OSA 50  $< 5$   
OR WITH concerns about contraindications  
for home study*

**My patient does not meet Medicare  
criteria for direct sleep study.**

**Sleep Specialist Review Advised**

### REFERRING DOCTOR

*Please stamp/insert details (with provider number)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## EPWORTH SLEEPINESS SCALE

0 – Would never doze      1 – Slight chance of dozing      2 – Moderate chance of dozing      3 – High chance of dozing

Please circle the appropriate number for each of the following:

Sitting and Reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (e.g. cinema, meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down resting 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
In a car, stopped for a few minutes in traffic	0	1	2	3

**Epworth Sleepiness Scale Total Score  $\geq 8$**

**Your overall total:**

**/24**

## STOP-BANG

Do you SNORE? Loud enough to be heard through closed doors or disturb your partner	YES	NO
Do you often feel TIRED, fatigued or sleepy during the daytime?	YES	NO
Has anyone OBSERVED you stop breathing, choking or gasping while you were sleeping?	YES	NO
Are you being treated for high blood PRESSURE?	YES	NO
Is your Body Mass Index (BMI) $> 35\text{kg}/\text{m}^2$	YES	NO
Are you older than 50?	YES	NO
Is your neck size larger than 43cm if male or 41cm if female?	YES	NO
Are you male?	YES	NO

**STOP-BANG answered YES to  $\geq 3$  (High risk for OSA)**

## OSA50

Waist circumference (at umbilicus): Male $>102\text{cm}$ or Female $>88\text{cm}$	3
Has your snoring ever bothered other people?	3
Has anyone noticed you stop breathing during your sleep?	2
Are you aged 50 years or over?	2

**OSA 50 Total Score  $>5$  (High risk for OSA)**

## Please read: RELATIVE CONTRAINDICATIONS TO AMBULATORY SLEEP STUDY

In accordance with the Australasian Sleep Association's Guidelines for Sleep Studies in Adults, relative contraindications for an unattended sleep study to investigate suspected OSA include but are not limited to:

- intellectual disability or cognitive impairment;
- physical disability with inadequate carer attendance;
- significant co-morbid conditions including neuromuscular disease, heart failure or advanced respiratory disease where more complex disorders are likely;
- suspected respiratory failure where attended measurements are required, including measurement of carbon dioxide partial pressures;
- suspected parasomnia or seizure disorder;
- suspected condition where recording of body position is considered to be essential and would not be recorded as part of an unattended sleep study;
- previously failed or inconclusive unattended sleep study;
- unsuitable home environment including unsafe environments or where patients are homeless; and
- consumer preference based on a high level of anxiety about location of study or where there is unreasonable cost or disruption based on distance to be travelled, or home circumstances.

*Consider referral for sleep physician assessment prior to study choice in these circumstances*