



# Dr Andrew Gillman

Sleep Physician

Specialist Suites  
157 Scoresby Rd Boronia 3155  
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## Sleep Study Referral Form

### Patient details

Given Name..... Surname .....

Medicare Number.....

Date of birth.....Phone.....Email.....

Address:.....

..... Post Code.....

### Referring Doctor Details

Doctor Name.....

Provider No.....

Address.....

..... Post Code.....

Telephone.....

Signature..... Date.....

### Sleep Services requested

- Direct referral for home diagnostic sleep study with device fitted at Scoresby Rd Boronia \*
- Direct referral for in hospital diagnostic sleep study – Mitcham Private or Vic Rehab
- Sleep Physician consultation with diagnostic sleep study
- Sleep physician consultation

### Clinical Details: Include ESS score and OSA – 50 Score\*\*

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\*Your patient will be contacted to arrange a suitable time.

\*\* According to Medicare requirements from the 1<sup>st</sup> November 2018 a direct referral for a home or in hospital diagnostic sleep study will only be MBS rebatable if the patient has both an Epworth Sleepiness Score of 8 or more and an OSA – 50 of 5 or more or a STOP Bang more than 4

**FAX this completed form to 8720 3634**



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## Questionnaires

According to Medicare requirements a direct referral for a sleep study requires the Epworth Score to be 8 or more **AND**

OSA – 50 must be 5 or more

### Epworth Sleepiness Score

How likely would you doze in the following situations

0. Never
1. Slight chance of dozing
2. Moderate chance of dozing
3. High chance of dozing

- Sitting and reading
- Watching TV
- Sitting inactive in a public place (eg meeting, cinema, waiting room)
- As a passenger in a car for an hour without a break
- Lying down in the afternoon if the circumstances permit
- Sitting and talking to someone
- Sitting quietly after lunch without alcohol
- In a car, while stopped for a few minutes in traffic

TOTAL \_\_\_\_ 8 or more

### OSA – 50 Questionnaire

Obesity – Waist circumference more than 102 cm in males, 88cm in females      Score 3 if Yes

Snoring – Has your snoring ever bothered other people,      Score 3 if Yes

Apnoea – Has anyone noticed you stop breathing in your sleep?      Score 2 if Yes

50 – Over the age of 50 –      Score 2 if Yes

TOTAL \_\_\_\_ 5 or more