ApneSure

Please fax to: **4006 3889** or
send electronic pdf to: **support@huntercpap.com.au**

Hunter CPAP • Shop 43 Charlestown Arcade, Charlestown NSW 2290
P 02 4077 6889 • F 02 4006 3889 • E support@huntercpap.com.au

HUNTER C•PAP

## Medical Services Referral to be completed by doctor

Date of referral:

### Services Requested - Select all required testingt

- ☐ Overnight Ambulatory Investigation for Obstructive Sleep Apnoea (PSG Level 2)
- ☐ CPAP/APAP treatment trial for the treatment of sleep apnoea
- ☐ Supply of DVA approved equipment and services
- ☐ ECG Holter
- ☐ CPAP Treatment Review (Inc. Overnight Sleep Test)

### Patient details:

Name: Contact No:

Address:

Email:

Date of birth: (DD/MM/YYYY) Height: Weight:

BMI: Neck circumference:

Medicare/DVA number: Reference number: Expiry date:

### Doctor's details:

Name: Phone: Fax:

Address:

Provider number: Signature: Date: (DD/MM/YYYY)

### Symptoms:

☐ Snoring ☐ Witnessed apnoeas / nocturnal gasping / choking ☐ Daytime fatigue / sleepiness ☐ Cognitive impairment

☐ Waking with headache ☐ Weight gain ☐ Restless sleep ☐ Insomnia ☐ Irritability

### Relevant Medical Conditions:

☐ Hypertension ☐ Cardiac failure ☐ Stroke / TIA ☐ COPP ☐ Overweight ☐ Pacemaker ☐ Type II Diabetes

☐ Atrial fibrillation ☐ Family history of OSA ☐ Clinical history / Other:

### STOP-Bang: Medicare requires a total score of 4 to 8 on this questionnaire for this patient to qualify for a subsidised sleep study.

| | | |
|---|---|---|
| Do you snore loudly (louder than talking or can be heard through closed doors)? | ☐ Yes | ☐ No |
| Do you often feel tired, fatigued or sleepy during the day time? | ☐ Yes | ☐ No |
| Has anyone observed you stop breathing during your sleep? | ☐ Yes | ☐ No |
| Do you have or are you being treated for high blood pressure? | ☐ Yes | ☐ No |
| Has a BMI of more than 35kg/m2? | ☐ Yes | ☐ No |
| Are you over the age of 50? | ☐ Yes | ☐ No |
| Has a neck circumference greater then 40cm? | ☐ Yes | ☐ No |
| Are you male? | ☐ Yes | ☐ No |

**SCORE** ☐ 4-8 ☐ 0-3

### Epworth Sleepiness Scale: Medicare requires a total score of 8 to 24 on this questionnaire for this patient to qualify for a subsidised sleep study.

**0 - Would never dose off 1 - Slight chance of dosing off 2 - Moderate chance of dosing off 3 - high chance off dosing off**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Sitting and reading | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | Lying down to rest in the afternoon when circumstances permit | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Watching TV | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | Sitting and talking to someone | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 |
| Sitting, inactive in a public place (e.g. a waiting room, a theatre or a meeting) | ☐ 0 | ☐ 1 | ☐ 2 | ☐ 3 | Sitting quietly after 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 |

**SCORE** ☐ 8-24 ☐ 0-7