Dr Sasse HOME and SLEEP LABORATORY SLEEP STUDY SERVICE

Patient to complete please -

Surname:		DOB: / /	
First Name:		Gender: M / F (circle)	
Address:		State:	
Suburb:		Postcode:	
Phone: Home	Work:	Mobile:	
Medicare No:		Weight	
Pension No:		Height	
Private Insurance**	Fund Name & M'ship No.	DVA No.	ES Score (see over) _____ /24

***Note - private health insurers rebate some hospital sleep studies but not home sleep studies. Medicare will rebate some of the cost of a home study.*

Referring Practitioner to complete please (tick)

	Signs/Symptoms		Sleep Study Type
	Loud or incessant snoring		Home (unobserved) sleep study
	Witnessed apnoeas		Sleep Laboratory (observed) sleep study
	Nocturnal choking/gasping		Sleep Laboratory CPAP set-up/progress
	Daytime Sleepiness: sedentary		(Implementation) sleep study
	Daytime Sleepiness: driving		Conditions indicating urgency
	Awakens unrefreshed		Surgery with general anaesthetic
	Other:		Difficult to control hypertension
	Suspected Sleep Disorder		Diabetes (type II) poorly controlled
	Obstructive Sleep Apnoea		Heart failure/cardiac disease
	PLMS/Restless Legs		Respiratory failure
	Narcolepsy		Accident due to sleepiness
	Insomnia		Other:
	Parasomnia (type):		

Medicare Requirement – Reason for Home Sleep Study

	No private health insurance +/- immediacy required/long public wait list
	No Sleep Physician/ Laboratory within reasonable time or distance

Other pertinent details

If patient requires a hospital sleep study please complete -

Preference for hospital study:	Public		Private	
Priority:	Urgent		Routine	

Referring Practitioner Details:

Name:

Address:

(or stamp)

Provider No:

Date: Sign:

Please Fax to: (03) 5176 2611. Enquiries: (03) 5174 5901.

Sleep Study staff will contact patient to make arrangements.

All requests are subject to prior approval by reporting Sleep Physician per Medicare requirements.

Dr Sasse and the Sleep Lab hold full Accreditation from the Thoracic Society of Aust and New Zealand.

** EPWORTH SLEEPINESS SCORE

Please complete the following and write your score on the front page.

How likely are you to doze or fall asleep in the following situations during the day? If you don't normally do these activities, please indicate what you think would happen.

Chance of dozing: 0 = None
1= Slight
2 = Moderate
3 = High

___ Sitting and reading

___ Watching television

___ Sitting, inactive in a public place (eg theatre, meeting, shopping centre)

___ As a passenger in a car for an hour with no break

___ Lying down to rest in the afternoon, if circumstances permit

___ Sitting and talking to someone

___ Sitting quietly after lunch without alcohol

___ Driving a car while stopped for a few minutes in traffic

___ **Total Epworth Sleepiness Score**

***Adapted from: Johns M. A new method for measuring daytime sleepiness: the Epworth sleepiness scale. Sleep. 1991 Dec 14 (6): 540-545*

CPAP PRESCRIPTION FORM

Patient's Name .....

- CPAP Manual Pressure : .....
- CPAP Automatic Pressure ..... (default 4 – 15cm)
- Mask to fit

Doctors Name ..... Doctors Signature .....

Date .....

mcs Sleep and Snoring Solutions

Phone: 1300 650 752