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PATIENT DETAILS

Surname First name

Date of birth / / Male Female Best contact phone number/s

Home based sleep study & sleep physician consultation after study as required Direct consultation with a sleep physician

ELIGIBILITY FOR A MEDICARE SUBSIDISED SLEEP STUDY

An Epworth Sleepiness Score (ESS) of ≥ 8 and OSA 50 Score of ≥ 5.

How likely are you to doze off in the following situations?

	Chance of dozing (circle)			
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place eg meetings, movies	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (When you have had no alcohol)	0	1	2	3
In car, while stopped in traffic	0	1	2	3

Use the following scale to choose the most appropriate answer:

- 0 – no chance
- 1 – Slight chance
- 2 – Moderate chance
- 3 – High chance

TOTAL SCORE:

OSA 50 Questionnaire

Obesity	Waist circumference at measured at the umbilicus Male: > 102cm (40 inches) Female: > 88cm (34 ½ inches)	If Yes, SCORE 3
Snoring	Has your snoring bothered other people?	3
Apnoeas	Has anyone noticed that you stop breathing during your sleep?	2
50	Are you aged 50 years or over?	2

TOTAL SCORE:

Other relevant symptoms

Insomnia Poorly refreshing sleep Morning headache Nocturia Memory impairment

Relevant co-morbidities:

Coronary Artery Disease Congestive Cardiac Failure Cerebrovascular Disease
 Type 2 Diabetes Atrial fibrillation Depression

Weight: _____ Height: _____

Medications: _____

Other medical history: _____

Referring Doctor: _____ Provider No: _____

Address: _____

Signature: _____ Date: / /

Copy of report to: _____

Thank you! Your patient will be contacted by our staff to arrange an appointment.