

Patient Details

First name: Last name: Gender: ☐ Female ☐ Male
Address: Postcode: D.O.B: DD / MM / YYYY
Mobile: Medicare Number: Weight: kg
Email: Ref No.: Expiry: / DD/YY Height: cm

Medicare Requirements

- ✓ Patient Aged 18+
- ✓ STOP-BANG ≥ 3 or OSA50 Score ≥ 5
- ✓ Epworth Sleepiness Scale ≥ 8
- ✓ No Home Sleep Study Claims in last 12 months

Symptoms and Medical Conditions (Please tick all applicable boxes)

- | | | |
|--|---|---|
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Restless Sleep | <input type="checkbox"/> Bruxism (Teeth Grinding) |
| <input type="checkbox"/> Daytime Sleepiness and/or Fatigue | <input type="checkbox"/> Type II Diabetes | <input type="checkbox"/> Family History (OSA) |
| <input type="checkbox"/> Overweight | <input type="checkbox"/> Witnessed Apnea or Choking | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Cognitive impairment | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Nocturia | <input type="checkbox"/> Driving fatigue | <input type="checkbox"/> Other |

Referring Doctor Details

Doctor's Signature

Date: DD / MM / YYYY

Section 1: The Epworth Sleepiness Scale (ESS)

In the following situations, how likely is the patient to doze off or fall asleep, in contrast to just feeling tired?
Use the numeric scale below to determine the likelihood of dozing off in each of the situations below

0 = Never 1 = Slight 2 = Moderate 3 = High (Circle all that apply - Score out of 24)

Sitting and reading	0	1	2	3
Watching Television	0	1	2	3
Sitting inactive in a public place (e.g. a theatre or meeting)	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 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, while stopped for a few minutes in the traffic	0	1	2	3

TOTAL SCORE / 24

Total Score must be ≥ 8 to meet Medicare criteria.

Section 2 : Please complete STOP-BANG Questionnaire or OSA 50 Screening Questionnaire with your patient.

STOP-BANG Questionnaire	
Does the patient Snore?	1
Does the patient feel tired, fatigued or sleepy during daytime?	1
Has anyone observed the patient stop breathing or choking/gasping during sleep?	1
Does the patient have or is being treated for high blood pressure?	1
Does the patient have a BMI greater than 35?	1
Age over 50 years old?	1
Neck circumference (shirt size) greater than 40cm?	1
Is the patient a male?	1
TOTAL SCORE	<input type="text"/> / 8

Total Score must be ≥ 3 to meet Medicare criteria.

OR

OSA 50 Screening Questionnaire	If YES, score
Patient's waist circumference: Male > 102cm Female > 88cm	3
Has the patient's snoring ever bothered other people?	3
Has anyone noticed the patient stop breathing during their sleep?	2
Is the patient aged 50 years or over?	2
TOTAL SCORE	<input type="text"/> / 10

Total Score must be ≥ 5 to meet Medicare criteria.

Contraindications

Please confirm that the patient does not experience any of the contraindications for a home based sleep study listed: significant intellectual/cognitive impairment, significant physical disability without a carer's assistance, neuromuscular disease, advanced heart failure, advanced / Type II respiratory failure, seizure disorders, parasomnias, or an unsafe/undesirable home environment.

☐ Tick to confirm no contraindications

Sleep Apnea is serious and if untreated may dramatically increase the risk of a stroke, heart attack or serious workplace or motor vehicle accidents. We provide an accurate and comprehensive take home sleep study allowing the patient to be in the comfort of their own bedroom environment. The patient's sleep study will be facilitated by qualified staff, scored by a sleep scientist and reported on by a sleep specialist.

HOW TO PREPARE FOR YOUR FIRST APPOINTMENT

ATTENDING YOUR APPOINTMENT

Bring your referral and arrive to your **appointment 15 minutes early**. Allow between 30-45 minutes for your appointment.

Our expert Sleep Health Clinician will run through explaining the process and setup of the home sleep study - you'll be shown what to expect and how to best achieve reliable and accurate data.

We set up the testing equipment which includes small, non-invasive sensors carefully attached to you.

Wear appropriate sleepwear or bring loose-fitting, comfortable sleepwear with you. Once your sleep study equipment is set up, you will not be able to remove or change your clothing without disrupting the sensors.

Please arrange to drive or be driven home, as you will be unable to take public transport afterwards.

YOUR SLEEP STUDY RESULTS

Allow approximately 2 weeks for your sleep study to be reported by our team of accredited Sleep Specialist Consultants and returned to your Sleep Clinician and referring GP.

BOOK YOUR APPOINTMENT ONLINE

Once you receive your referral from your GP.



airwaycare.com.au/book
or scan the QR code



BOOK ONLINE

ON THE DAY OF YOUR SLEEP STUDY

On the day of your sleep study, the following are important:

- Keep to your normal routine. Eat and drink as you would normally.
- Follow your normal sleeping routine in the week/s leading up to the sleep study.
- Take your usual prescribed medications, unless your doctor advises you otherwise.
- Shower and prepare your skin by having a shower prior to the appointment and clear any makeup. Avoid hair products and moisturisers.

FEES

A fee of \$185 is payable on the day of your appointment. This is non-medicare rebatable. We accept credit card payments.

AFTER YOUR SLEEP STUDY

Return the device to the clinic **before 10 am the following morning**, so that the data can be downloaded and prepared for analysis and reporting. Careful handling of the equipment is important to ensure accurate results.

MY APPOINTMENT DATE & TIME

See your GP for an
initial assessment
and Referral



Book your appointment
with an Airway Care
Sleep Health Clinician



*and your underway to
better sleep... better living.*

Our Sleep Health Clinic is located within:
Hammondville Medical Centre
192 Heathcote Road, Hammondville NSW 2170

info@airwaycare.com.au
P. 02 7259 8777 | **F. 02 7259 8788**

airwaycare.com.au

Home sleep studies are referred by your GP and facilitated by Sleep health clinicians. All study data are sent to, scored and interpreted by qualified sleep physicians who provide any diagnosis or treatment recommendations. Any formal diagnosis or treatment plan comes from your GP or a certified sleep doctor, not from our staff. We strongly encourage you to follow up with your GP or a certified sleep specialist for any medical advice or treatment needs. Our Sleep Health Clinicians are trained in sleep therapy and patient support, but they are not medical doctors or registered health practitioners. They assist with home sleep tests and CPAP education, sales, supply and support, yet they do not provide medical diagnoses or treatments. The guidance and educational materials provided are for general information only and are not a substitute for professional medical advice. Please continue to follow the recommendations of your GP or specialist, and contact them with any specific medical questions or concerns.

