Sleep Investigation Unit

Department of Respiratory Medicine
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Dr Rajeev Ratnavadivel BHB MBChB FRACP PhD **Dr Richard Lee** MB BS PhD FRACP

Central Coast
Local Health District

Diagnostic sleep study request

Patient Name ..... Referrer Name .....

DOB __ / __ / ____ Provider No. .....

Address ..... Address .....

Tel ..... Tel .....

Sex ..... MRN ..... Copy of results .....

Signature ..... Date __ / __ / ____

Study requested:
- ☐ Home diagnostic sleep study
- ☐ Laboratory diagnostic sleep study

Sleep physician consultation:
- ☐ After sleep study
- ☐ Prior to study
  (if criteria for direct sleep study referral not met)

Special needs: *(**must** be completed)*

☐ Medically stable for lab study	☐ Yes	☐ No
☐ Bariatric bed (Wt. > 150kg)	☐ Yes	☐ No
☐ Independent mobility	☐ Yes	☐ No
☐ Continent	☐ Yes	☐ No
☐ English speaking	☐ Yes	☐ No

Additional requirements:
- ☐ ABG morning ☐ Carer bed
- ☐ Transcutaneous CO2 ☐ < 18 years old
- ☐ Extra EMG electrodes (SINBAR for RBD)
- ☐ Supplemental O2 ..... L/min
- ☐ Others .....

Reason for Referral:
Please attach relevant correspondence.

Confirmation of high probabilty of OSA:
Must tick both: See back of referral.
- ☐ ESS ≥ 8
- ☐ OSA-50 score ≥ 5

MBS requirements for in-lab PSG must tick one:
- ☐ Patient preference
- ☐ Suspected parasomnia
- ☐ Failed ambulatory test
- ☐ Suspected seizure
- ☐ Cognitive impairment
- ☐ Unsuitable home environment
- ☐ Physical disability/limitation
- ☐ Suspected position-related disorder
- ☐ Significant co-morbidity or

Other .....

Co-morbidities:
- ☐ Cardiac disease ☐ CVA
- ☐ Lung disease ☐ Neurological disorder
- ☐ Hypertension ☐ Cognitive impairment
- ☐ Diabetes ☐ Mental health disorder

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Questionnaires – Non Respiratory Sleep Specialists Requirement

☐ ESS ≥ 8 ☐ OSA-50 score ≥ 5

How likely are you to fall asleep or doze in the following circumstances?

	No chance	Slight chance	Moderate chance	High chance
1. Sitting and reading	☐ 0	☐ 1	☐ 2	☐ 3
2. Watching TV	☐ 0	☐ 1	☐ 2	☐ 3
3. Sitting inactive in a public place (e.g. meeting, theatre)	☐ 0	☐ 1	☐ 2	☐ 3
4. As a passenger in a car for an hour without a break	☐ 0	☐ 1	☐ 2	☐ 3
5. Lying down to rest in the afternoon when circumstances permit	☐ 0	☐ 1	☐ 2	☐ 3
6. Sitting and talking to someone	☐ 0	☐ 1	☐ 2	☐ 3
7. Sitting quietly after lunch without alcohol	☐ 0	☐ 1	☐ 2	☐ 3
8. In a car, while stopped for a few minutes in the traffic	☐ 0	☐ 1	☐ 2	☐ 3
			Total Score:	

		Score
Obesity	Waist circumference: Male > 102cm Female > 88cm	☐ 3
Snoring	Has your snoring ever bothered other people?	☐ 3
Apnoeas	Has anyone noticed that you stop breathing during your sleep?	☐ 2
50	Age 50+	☐ 2
	Total Score:	