

**Level 2 Home Sleep Study Referral****Patient Details**

Full Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Phone: _____

Email: _____

Medicare Number: _____

Referring Doctor

Doctor's Name: _____

Provider Number: _____

Practice Name & Address: _____

Phone: _____ Fax: _____

Email: _____

Referring Doctor's Signature: _____

Date: ____ / ____ / ____

Clinical Indications (tick all that apply)

Loud snoring Witnessed apnoeas Excessive daytime sleepiness (ESS Score: ____)
 Choking/gasping during sleep Hypertension Morning headaches Obesity/BMI > 30
 Wakes unrefreshed Atrial Fibrillation Others: _____

STOP-BANG Questionnaire

Question	Yes
S: Do you snore loudly (louder than talking, or loud enough to be heard through closed doors)?	
T: Do you often feel tired, fatigued, or sleepy during the daytime?	
O: Has anyone observed you stop breathing during your sleep?	
P: Do you have or are you being treated for high blood pressure?	
B: Is your BMI over 35 kg/m ² ?	
A: Are you aged over 50 years?	
N: Is your neck circumference greater than 40 cm?	
G: Are you male?	

Total STOP-BANG Score (sum of Yes answers): _____

**OSA50 Questionnaire**

Question	Yes
1. Is your waist circumference more than 102 cm (male) or 88 cm (female)? (3 Points)	
2. Do you snore loudly and regularly? (3 Points)	
3. Has anyone observed you stop breathing or choke/gasp during sleep? (2 Points)	
4. Are you aged 50 years or older? (2 Points)	

Total OSA50 Score (sum of Yes answers): _____**Epworth Sleepiness Scale (ESS)**

Activity	0 (Never)	1 (Slight)	2 (Moderate)	3 (High)
Sitting and reading				
Watching TV				
Sitting inactive in a public place (e.g., theater, meeting)				
As a passenger in a car for an hour without a break				
Lying down to rest in the afternoon when circumstances permit				
Sitting and talking to someone				
Sitting quietly after lunch (without alcohol)				
In a car, while stopped for a few minutes in traffic				

Total ESS Score: _____**Provider Notes:**

- **For each situation, tick the box that best describes the chance of feeling sleepy or dozing.**
- **Add up the scores for a total out of 24.**