

Home Sleep Study Request

PATIENT DETAILS

Patient name _____

Address _____

Date of birth _____ Phone _____

CLINICAL INDICATION

REFERRAL PATHWAY

A GP can refer directly for a home sleep study when the patient meets BOTH of the following criteria:

Epworth Sleepiness Scale ≥ 8

AND

STOP-BANG ≥ 3 OR OSA-50 ≥ 5

Complete the three questionnaires overleaf with the patient, then tick the confirmation box beneath each one and the overall eligibility box. If these criteria are not met, consider referral for sleep physician assessment before choosing a study.

REFERRING DOCTOR

Please stamp or insert your details, including provider number.

Signature _____ Date _____

EPWORTH SLEEPINESS SCALE

How likely are you to doze off or fall asleep in the following situations, in contrast to just feeling tired? Use the scale to choose the most appropriate number for each situation:

0 = no chance of dozing 1 = slight chance 2 = moderate chance 3 = high chance

Situation	Score (0–3)
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place (e.g. cinema, 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	_____
Overall total ☐ Total ≥ 8 (excessive daytime sleepiness)	_____ / 24

STOP-BANG

Do you SNORE loudly – loud enough to be heard through closed doors, or that it disturbs your partner?	☐ Yes ☐ No
Do you often feel TIRED, fatigued or sleepy during the daytime?	☐ Yes ☐ No
Has anyone OBSERVED you stop breathing, choking or gasping while you were sleeping?	☐ Yes ☐ No
Are you being treated for high blood PRESSURE?	☐ Yes ☐ No
Is your Body Mass Index (BMI) greater than 35 kg/m ² ?	☐ Yes ☐ No
Are you older than 50?	☐ Yes ☐ No
Is your neck size larger than 43 cm (male) or 41 cm (female)?	☐ Yes ☐ No
Are you male?	☐ Yes ☐ No
Number of YES answers _____ / 8	☐ ≥ 3 (high risk)

OSA 50

Points are shown in brackets after each item – add the points for every YES answer.

Waist circumference at the umbilicus: greater than 102 cm (male) or 88 cm (female)? (3)	☐ Yes ☐ No
Has your snoring ever bothered other people? (3)	☐ Yes ☐ No
Has anyone noticed you stop breathing during your sleep? (2)	☐ Yes ☐ No
Are you aged 50 years or over? (2)	☐ Yes ☐ No
Total (add the bracketed points for each YES) _____ / 10	☐ ≥ 5 (high risk)

Confirm eligibility for direct referral:

☐ **ELIGIBLE for direct referral** – Epworth ≥ 8 AND (STOP-BANG ≥ 3 OR OSA-50 ≥ 5)

PLEASE READ: RELATIVE CONTRAINDICATIONS TO AMBULATORY SLEEP STUDY

Relative contraindications for an unattended study to investigate suspected OSA include:

- physical disability with inadequate carer attendance;
- intellectual disability or cognitive impairment;
- significant co-morbid conditions including neuromuscular disease, heart failure or advanced respiratory disease, where more complex disorders are likely;
- suspected respiratory failure where attended measurements are required, including carbon-dioxide partial pressures;
- suspected parasomnia or seizure disorder;
- suspected condition where recording of body position is essential and would not be recorded in an unattended study;
- previously failed or inconclusive unattended sleep study;
- unsuitable home environment, including unsafe environments or where patients are homeless; and
- consumer preference based on high anxiety about the location of the study, or unreasonable cost or disruption based on distance to be travelled or home circumstances.

Consider referral for sleep physician assessment prior to study choice in these circumstances.