



MOBILE SLEEP STUDY SERVICE

SLEEP TESTING & TREATMENT AT HOME

We bring sleep care to your patients



Patient Details:

Name: _____ Date of Birth: ____/____/____

Address: _____ Telephone: _____

Referred by:

Name: _____ Provider No: _____

Signature: _____ Date: ____/____/____

Service Required (Mobile Service):



Home Sleep Study

Includes sleep physician consultation (telehealth) to discuss results



In Home CPAP Setup

Equipment setup and education in the patient's home by our sleep team



Sleep Physician Consultation (telehealth)

Assessment and management of sleep disorders (no study)

Patient Type:

☐ DVA patient ☐ Medicare patient ☐ Private patient

Clinical Information:

Epworth Sleepiness Score: ____ / 24 STOP BANG: ____

☐ Commercial Driver BMI: ____

Relevant Clinical History:

☐ Hypertension ☐ Ischaemic Heart Disease ☐ Diabetes ☐ Nocturia
☐ Arrhythmia ☐ Cerebrovascular Disease ☐ Depression ☐ Memory Loss
☐ Other (please specify): _____

Mobile Sleep Study Details:

Study to be conducted at:



☐ Patient's home address (as above)
☐ Alternative address (please provide): _____



Preferred contact method for patient:

☐ Phone ☐ SMS ☐ Email Best time to contact: _____



Access requirements / special considerations:

☐ Stairs ☐ Limited mobility ☐ Carer required ☐ Interpreter required
☐ Hearing impairment ☐ Vision impairment ☐ Other (please specify): _____



Additional information:



Medications: _____

Physician Enquiries

Dr Miriam Vassallo Ph: 07 3193 5450 Email: admin@breathewell.com.au

Epworth Sleepiness Score

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you.

Use the following scale to choose the most appropriate number for each situation.

0 = Would never doze
1 = Slight chance of dozing
2 = Moderate chance of dozing
3 = High chance of dozing

Situation	Situation	Never	Moderate	High
Sitting and reading	0	1	2	3
Watching TV	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 1 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 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

STOP - BANG Questionnaire

Yes No

☐ ☐ **S** - Does the patient snore loudly?

☐ ☐ **T** - Does the patient always feel TIRED, fatigued or sleepy during daytime?

☐ ☐ **O** - Has anyone OBSERVED the patient stop breathing during sleep?

☐ ☐ **P** - Does the patient have or is the patient being treated for high blood PRESSURE?

☐ ☐ **B** - Does the patient have a BMI more than 35kg/m²?

☐ ☐ **A** - Age over 50 years old?

☐ ☐ **N** - NECK circumference (shirt size) > 40cm?

☐ ☐ **G** - Is the patient MALE?

TOTAL SCORE

(Score 1 for every 'yes' answer).

To fulfil Medicare criteria for direct referral for a sleep study, STOP BANG must be ≥ 3 and ESS must be ≥ 8 . If these criteria are not met, the patient will need to be assessed by a specialist first.

Referral for a sleep physician consultation is required to organise CPAP and treatment studies.

How to order more referral pads

Please call Breathe Well on
07 3193 5450

Or Email admin@breathewell.com.au

Referral forms can also be found online.
Please scan the following QR code:

