**1300 743 782 (SIESTA) Fax: (07) 3112 4107** [**reception@siestasleepservice.com**](mailto:reception@siestasleepservice.com)

Dr Geoffrey Williams Provider No. 408456W

**→ STEP 3 PATIENT:**

**→ STEP 2 LOCATION:**

Logo

Description automatically generated

**→ STEP 1 REFERRAL FOR:**

**SLEEP STUDY (Choose an option) →  LEVEL 1 Fully-Attended In-Clinic  LEVEL 2 In-Home**

**CPAP TITRATION  CPAP REASSESSMENT  CPAP TRIAL**

**BRISBANE  SUNSHINE COAST  GOLD COAST  GYMPIE**

**MALE FULL NAME:**

**FEMALE DOB: CONTACT NUMBER:**

**ADDRESS:**

**BULK BILLING REQUIREMENTS** **STEP 4: A score of ≥ 5 points + STEP 5: A score of ≥ 8 points**

**Medicare  Private  DVA**

**→ STEP 4 INDICATION/S:**

**WITNESSED APNEA 2 points  SNORING 2 points  OVER AGE 50 2 points**

**OBESITY (Waist circumference: Male >102cm, Female >88cm) 2 points**

**HYPERTENSION  DIABETES  OTHER:**

**→ STEP 5 ESS (Epworth Sleepiness Scale)**:

**⓿= No Chance ❶= Slight Chance ❷= Moderate Chance ❸= High Chance**

**How likely is the patient to doze or fall asleep in the following situations, in contrast to feeling just tired?**

**SITTING AND READING ⓿ ❶ ❷ ❸**

**WATCHING TV ⓿ ❶ ❷ ❸**

**SITTING INACTIVE IN A PUBLIC PLACE ⓿ ❶ ❷ ❸**

**AS A PASSENGER IN A CAR FOR AN HOUR WITH NO BREAK ⓿ ❶ ❷ ❸**

**LYING DOWN IN THE AFTERNOON ⓿ ❶ ❷ ❸**

**SITTING AND TALKING TO SOMEONE ⓿ ❶ ❷ ❸**

**SITTING QUIETLY AFTER LUNCH (WITHOUT ALCOHOL) ⓿ ❶ ❷ ❸**

**STOPPING IN TRAFFICE FOR A FEW MINUTES WHILE DRIVING A CAR ⓿ ❶ ❷ ❸**

**→ STEP 6 REFERRING DOCTOR:**

**FULL NAME:**

**→ STEP 7 REPORT REQUIREMENTS**

**PRACTICE:**

**Urgent  Standard**

**Medical Objects  Fax**

**PROVIDER NUMBER:**

**SIGNATURE DATE:**

