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

Dr Geoffrey Williams Provider No. 408456W

**→ STEP 3 PATIENT:**

**→ STEP 2 LOCATION:**



**→ 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:**

