SIESTA SLEEP SERVICE

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Dr Geoffrey Williams Provider No. 408456W

→ 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

→ STEP 2 LOCATION:

☐ BRISBANE ☐ SUNSHINE COAST ☐ GOLD COAST ☐ GYMPIE

→ STEP 3 PATIENT:

☐ 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):

0 = No Chance 1 = Slight Chance 2 = Moderate Chance 3 = 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	0 ☐	1 ☐	2 ☐	3 ☐
WATCHING TV	0 ☐	1 ☐	2 ☐	3 ☐
SITTING INACTIVE IN A PUBLIC PLACE	0 ☐	1 ☐	2 ☐	3 ☐
AS A PASSENGER IN A CAR FOR AN HOUR WITH NO BREAK	0 ☐	1 ☐	2 ☐	3 ☐
LYING DOWN IN THE AFTERNOON	0 ☐	1 ☐	2 ☐	3 ☐
SITTING AND TALKING TO SOMEONE	0 ☐	1 ☐	2 ☐	3 ☐
SITTING QUIETLY AFTER LUNCH (WITHOUT ALCOHOL)	0 ☐	1 ☐	2 ☐	3 ☐
STOPPING IN TRAFFICE FOR A FEW MINUTES WHILE DRIVING A CAR	0 ☐	1 ☐	2 ☐	3 ☐

→ STEP 6 REFERRING DOCTOR:

FULL NAME:

PRACTICE:

PROVIDER NUMBER:

X _____

SIGNATURE DATE:

→ STEP 7 REPORT REQUIREMENTS

☐ Urgent ☐ Standard

☐ Medical Objects ☐ Fax