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Respiratory and Sleep Physician

Patient Details

Name DOB Medicare Number (including position on the card)

Address

Phone Email

Sleep Services Required

- ☐ Home Based Sleep Study (Level 2)
- ☐ CPAP Trial
- ☐ CPAP Support
- ☐ Sleep Physician Consultation
- ☐ Sleep Physician (Telehealth)
- ☐ Positional Therapy

Screening Questionnaires

| OSA50 | | Yes | | No | |
|----------|---|--------------------------|---|--------------------------|---|
| Obese | Is waist circumference >102cm for males or >88cm for females? | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 0 |
| Snoring | Is snoring disruptive to anyone? | <input type="checkbox"/> | 3 | <input type="checkbox"/> | 0 |
| Apnoeas | Has anyone observed you stopping breathing during your sleep? | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 0 |
| 50 Years | Are you over 50 years in age? | <input type="checkbox"/> | 2 | <input type="checkbox"/> | 0 |

Total score: 7/10

----- OR -----

STOP-BANG

| STOP | | Yes | | No | |
|--|--|--------------------------|---|--------------------------|---|
| Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)? | | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| Do you often feel TIRED, fatigued, or sleepy during daytime? | | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| Has anyone OBSERVED you stop breathing during your sleep? | | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| Do you have or are you being treated for high blood PRESSURE? | | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |

| BANG | | Yes | | No | |
|--|--|--------------------------|---|--------------------------|---|
| BMI more that 35? | | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| AGE over 50 years old? | | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| NECK circumference > 40cm (16 inches)? | | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |
| GENDER: Male? | | <input type="checkbox"/> | 1 | <input type="checkbox"/> | 0 |

Total score: 0/8

----- AND -----

Epworth Sleepiness Score

| | | | |
|--|--|--|--|
| Sitting and reading | Watching TV | Sitting quietly in a public place | In a car stopped in traffic |
| <input type="radio"/> 0. Never doze | <input type="radio"/> 0. Never doze | <input type="radio"/> 0. Never doze | <input type="radio"/> 0. Never doze |
| <input type="radio"/> 1. Slight chance of dozing | <input type="radio"/> 1. Slight chance of dozing | <input type="radio"/> 1. Slight chance of dozing | <input type="radio"/> 1. Slight chance of dozing |
| <input type="radio"/> 2. Moderate chance of dozing | <input type="radio"/> 2. Moderate chance of dozing | <input type="radio"/> 2. Moderate chance of dozing | <input type="radio"/> 2. Moderate chance of dozing |
| <input type="radio"/> 3. High chance of dozing | <input type="radio"/> 3. High chance of dozing | <input type="radio"/> 3. High chance of dozing | <input type="radio"/> 3. High chance of dozing |
| Sitting and talking to someone | Sitting quietly after lunch without alcohol | Lying down to rest in the afternoon | As a passenger in a car for an hour without a break |
| <input type="radio"/> 0. Never doze | <input type="radio"/> 0. Never doze | <input type="radio"/> 0. Never doze | <input type="radio"/> 0. Never doze |
| <input type="radio"/> 1. Slight chance of dozing | <input type="radio"/> 1. Slight chance of dozing | <input type="radio"/> 1. Slight chance of dozing | <input type="radio"/> 1. Slight chance of dozing |
| <input type="radio"/> 2. Moderate chance of dozing | <input type="radio"/> 2. Moderate chance of dozing | <input type="radio"/> 2. Moderate chance of dozing | <input type="radio"/> 2. Moderate chance of dozing |
| <input type="radio"/> 3. High chance of dozing | <input type="radio"/> 3. High chance of dozing | <input type="radio"/> 3. High chance of dozing | <input type="radio"/> 3. High chance of dozing |

Total score: 15/24

Note: Medicare rebate for home based sleep studies requires an OSA50 score of greater than/or equal 5, or a STOP-BANG score of greater than/or equal 3, and an ESS of greater than/or equal 8

Clinical Details

- | | | |
|--|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Obesity | <input type="checkbox"/> Daytime Somnolence |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Commercial Driver |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Restless Sleep | <input type="checkbox"/> Heavy Machine Operator |
| <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Morning Headaches | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> Stroke/TIA | <input type="checkbox"/> COPD | <input type="checkbox"/> Clinical History (attach note) |
| <input type="checkbox"/> Other | | |

Referring Doctor Details:

Signature

Provider Number

Date

All Medicare subsidised home based sleep studies must meet the criteria of the OSA50 or STOP-BANG, and ESS in accordance with Medicare item 12250.



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