

Seer Medical provides unattended at-home sleep studies which are appropriate for diagnosing sleep disorders. The Medicare rebate is valid if no prior study has been undertaken in the previous 12 months. Connections take place at our clinic, the patient will wear the sleep equipment overnight in their home. They will self-disconnect the equipment the following morning and then return the equipment to our clinic.

This section must be completed for the referral to be processed. By submitting this referral, I confirm that this request complies with the [MBS criteria for Item 12250](#).

Priority: ASAP At patient's convenience

Type of invoice: Medicare mixed billing Private pay WorkCover claim DVA Gold/White card

For more information: seermedical.com/fees Motor accident

Previous sleep study: Yes No If 'Yes' when was the study? / /

(If inside the last 12 months, the patient may not qualify for Medicare reimbursement)

Patient details

Please use BLOCK/CAPITAL letters

Name D.O.B. (min 18y.o.)

Email Phone

Gender Medicare no. Expiration

Height cm Weight kg

Referrer details

I am a sleep/respiratory physician

Email

If reports and notifications should be sent to another healthcare provider in addition to the referring clinician, please fill in the details below:

Email

Indication:

Indication for video (optional). Possible REM / non-REM sleep behaviour disorder / parasomnia

Symptoms

Apnoea	Restless legs	Waking with dry mouth
Cognitive impairment	Restless sleep	Waking with headache
Excessive sleepiness	Shift work sleep disorder	Weight gain
Insomnia	Snoring	Witnessed apnoeas/ nocturnal gasping/choking
Irritability	Unrefreshing sleep	

Medical conditions

Atrial fibrillation	Family history (OSA)	Type II Diabetes
Cardiac disease	Hypertension	Other
Clinical history	Pacemaker	
COPD	Stroke	

Patient screening questions

For a Medicare subsidised sleep study, confirm that the patient:

Scored 8 or more on the Epworth Sleepiness Scale, and

Scored 5 or more on the OSA50 Score, OR

Scored 3 or more on the STOP-BANG

Please tick the box below if you are a **qualified adult sleep medicine practitioner or consultant respiratory physician** and you determine that an investigation is necessary even if the patient does not score sufficiently on the questionnaires.

I am a sleep/respiratory physician and I determine that the patient requires a sleep study, even if they do not score sufficiently on the questionnaires

Epworth Sleepiness Scale (ESS)

Total / 24

How likely are you to doze off in the following situations:					0 – No chance 1 – Slight chance 2 – Moderate chance 3 – High chance
Sitting and reading	0	1	2	3	
Watching television	0	1	2	3	
Sitting inactive in a public space	0	1	2	3	
Lying down to rest 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	
As a passenger in a car for an hour without a break	0	1	2	3	
In a car, while stopped for a few minutes in traffic	0	1	2	3	

OSA50 Score

Total / 10

Has your snoring ever bothered other people? (3 points)	Yes	No
Are you aged 50 years or over? (2 points)	Yes	No
Has anyone noticed you stop breathing during your sleep? (2 points)	Yes	No
Waist circumference (measure at the level of umbilicus) (3 points) Male >102cm Female >88cm	Yes	No

STOP BANG Questions

Total / 8

Do you S nore loudly?	Yes	No
Do you often feel T ired, fatigued, or sleepy during the day?	Yes	No
Has someone O bserved you stop breathing or choking/gasping during sleep?	Yes	No
Do you have high blood P ressure?	Yes	No
Is your B ody mass index more than 25 (35 kg/m ²)?	Yes	No
Are you A ged older than 50?	Yes	No
Is your N eck size large? Males – shirt collar is 17 inches/43cm or larger. Females – shirt collar 16 inches/41cm or larger	Yes	No
Is your G ender male?	Yes	No