

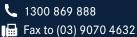


Seer Medical provides unattended at-home sleep studies which are appropriate for diagnosing sleep disorders. The Medicare rebate is valid if no prior study has been undertaken in the previous 12 months. Connections take place at our clinic, the patient will wear the sleep equipment overnight in their 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:		mixed billing nation: <u>seermedic</u>	Private pay edical.com/fees		WorkCover claim Motor accident	DVA Gold/White card			
Previous sleep study:	Yes				dy?/ the patient may not qua	alify for Medicare reimbursement)			
Patient details						Please use BLOCK/CAPITAL letters			
Name					D.O.B. (min	n 18y.o.)			
Email					Phone				
Gender		Medicare no			Ex	piration			
Heightcn	n Weight	kg							
Referrer details Email		a sleep/respirato		provider i details be	n addition to the refer	ould be sent to another healthcare rring clinician, please fill in the			
Indication:									
Symptoms									
Apnoea		Re	stless legs		\	Waking with dry mouth			
Cognitive impairn	nent	Re	Restless sleep		1	Waking with headache			
Excessive sleeping	ess	Shi	Shift work sleep disorder			Weight gain			
Insomnia		Sn	oring			Witnessed apnoeas/ nocturnal gasping/choking			
Irritability		Un	refreshing slee	ер					
Medical conditions									
Atrial fibrillation		Far	mily history (O	SA)	1	Type II Diabetes			
Cardiac disease		Ну	pertension		(Other			
Clinical history		Pao	cemaker						
COPD		Str	oke						







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:					
Sitting and reading	0	1	2	3	
Watching television	0	1	2	3	0 – No chance
Sitting inactive in a public space	0	1	2	3	
Lying down to rest in the afternoon	0	1	2	3	1 — Slight chance
Sitting and talking to someone	0	1	2	3	2 — Moderate chance
Sitting quietly after lunch without alcohol	0	1	2	3	3 — High chance
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 umbilicius) (3 points)		
Male >102cm	Yes	No
Female >88cm		-

STOP BANG Questions Total ____ / 8

Do you S nore loudly?	Yes	No
Do you often feel Tired, fatigued, or sleepy during the day?		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/m²)?	Yes	No
Are you Aged 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