

Home sleep study request form



1300 732 695 | bocsleepcare@boc.com

To be completed by doctor

Patient details (all fields are mandatory)

Name	Phone	Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	Email	
<input type="text"/>	<input type="text"/>	
Height	Weight	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/> (DD/MM/YYYY)
BMI	Neck Circumference	Medicare/DVA number
<input type="text"/>	<input type="text"/>	<input type="text"/>
		Reference number
		<input type="text"/>
		Expiry date
		<input type="text"/>
		Health insurance
		<input type="radio"/> Concession <input type="radio"/> Private
		Commercial licence (if applicable)
		<input type="radio"/> Yes <input type="radio"/> No
		Gender
		<input type="radio"/> Male <input type="radio"/> Female

Doctor's details

Name	Signature
<input type="text"/>	<input type="text"/>
Address	Date
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone	Fax
<input type="text"/>	<input type="text"/>
Provider number	Please stamp if available
<input type="text"/>	<input type="text"/>
Email	
<input type="text"/>	

Comorbidities:

<input type="radio"/> Atrial fibrillation	<input type="radio"/> Diabetes	<input type="radio"/> Stroke/TIA	<input type="radio"/> Depression
<input type="radio"/> Hypertension	<input type="radio"/> COPD	<input type="radio"/> Cardiac failure	<input type="radio"/> Other <input type="text"/>

Please complete the following questionnaire on behalf of patient

Sleep study type:	Other services:	Results required:
<input type="radio"/> Overnight home study	<input type="radio"/> Physician consultation	<input type="radio"/> Standard
<input type="radio"/> CPAP trial	<input type="radio"/> CPAP equipment review	<input type="radio"/> Email
		<input type="radio"/> Urgent
		<input type="radio"/> Fax

STOP-Bang (please tick)

Do you snore loudly (louder than talking or can be heard through closed doors)?	<input type="radio"/> Yes <input type="radio"/> No	Has a BMI of more than 35kg/m ² ?	<input type="radio"/> Yes <input type="radio"/> No
Do you often feel tired, fatigued, or sleepy during the daytime?	<input type="radio"/> Yes <input type="radio"/> No	Are you over the age of 50?	<input type="radio"/> Yes <input type="radio"/> No
Has anyone observed you stop breathing during your sleep?	<input type="radio"/> Yes <input type="radio"/> No	Has a neck circumference greater than 40cm?	<input type="radio"/> Yes <input type="radio"/> No
Do you have or are you being treated for high blood pressure?	<input type="radio"/> Yes <input type="radio"/> No	Are you male?	<input type="radio"/> Yes <input type="radio"/> No
		*This field is mandatory	
		Risk level	<input type="radio"/> High <input type="radio"/> Low

NOTE: Answering yes to four or more questions will support patient eligibility for a bulk billed sleep study to be conducted. Answering yes to three or less questions will require the patient to have a consultation with a Sleep Physician prior to conducting a bulk billed sleep study.

Epworth Sleepiness Scale (ESS) 0 – Would never doze off 1 – Slight chance of dozing off 2 – Moderate chance of dozing off 3 – High chance of dozing off

Sitting and reading	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Watching TV	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Sitting, inactive in a public place (e.g. a waiting room, a theatre or a meeting)	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
As a passenger in a car for an hour without a break	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Lying down to rest in the afternoon when circumstances permit	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Sitting and talking to someone	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
Sitting quietly after lunch without alcohol	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3
In a car, while stopped for a few minutes in traffic	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3

NOTE: An ESS of seven or less requires a consultation with a Sleep Physician prior to conducting a bulk-billed sleep study.

Reference: STOP Questionnaire (Chung F et al. Anaesthesiology. May 2008; 108(5):812-21).

All personal information in this referral form will be handled and dealt with in accordance with our Privacy Policy (a copy of which can be obtained from our website, www.boc.com.au or by calling 1800 050 909). Details given in this document are believed to be correct at the time of printing. While proper care has been taken in the preparation, no liability for injury or damage resulting from its use can be accepted. BOC is a trading name of BOC Limited, a member of The Linde Group. © BOC Limited 2018. Reproduction without permission is strictly prohibited.

Have your GP complete the Sleep Test Referral form
and return it to one of the stores below.



Boonah Pharmacy
(07) 5463 1542

82 High Street, Boonah QLD 4310

Raceview Pharmacy
(07) 3281 8955

Shops 1-4, Raceview Shopping Centre, 64 Raceview Street,
Raceview QLD 4305

Foote's Pharmacy Redbank Plains
(07) 3814 3343

Shop 62/63, Town Square Redbank Plains
Redbank Plains Road, Redbank Plains Qld 4301

Rosewood Pharmacy
(07) 5464 1453

Shop 6, 40 John Street, Rosewood QLD 4340

We operate according to guidelines set by Medicare. Medicare will rebate for one portable or home study test in a twelve month period. If an abnormality is discovered from your portable or home study, you may require a second study based in a hospital Sleep Laboratory for an overnight sleep study. *Details accurate as at 20/11/2018.