Home Sleep Study Request Form

P: 3814 3343 F: 3814 2607 E: sleep.redbank@footespharmacies.com

Foote's Pharmacy

Patient details (all fields are mandatory) — To be completed by doctor

Name

Phone

Mobile

Address

Email

Date of birth

/ / (DD/MM/YYYY)

Height

Weight

BMI

Neck circumference

Medicare/DVA number

Reference number

Expiry date

Health Insurance ◯ Concession ◯ Private

Commercial licence (if applicable) ◯ Yes ◯ No

Gender ◯ Male ◯ Female

Doctor's details

Name

Signature

Address

Date

/ /

Phone

Fax

Please stamp if available

Provider number

Email

Co-morbidities:

◯ Atrial fibrillation ◯ Diabetes ◯ Stroke/TIA ◯ Depression

◯ Hypertension ◯ COPD ◯ Cardiac failure ◯ Other

Please complete the following questionnaire on behalf of patient

Sleep study type:

◯ Overnight home study

◯ CPAP trial

Other services

◯ Physician consultation

◯ CPAP equipment review

Results required:

◯ Standard ◯ Urgent

◯ Email ◯ Fax

STOP-Bang (please tick)

Do you snore loudly? (louder than talking or can be heard through closed doors) ◯ Yes ◯ No

Do you often feel tired, fatigued, or sleepy during the daytime? ◯ Yes ◯ No

Has anyone observed you stop breathing during your sleep? ◯ Yes ◯ No

Do you have or are you being treated for high blood pressure? ◯ Yes ◯ No

Has a BMI of more than 35kg/m²?* ◯ Yes ◯ No

Are you over the age of 50? ◯ Yes ◯ No

Has a neck circumference greater than 40cm?* ◯ Yes ◯ No

Are you male? ◯ Yes ◯ No

*These fields are mandatory

NOTE: Answering yes to three 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.

Risk level ◯ High ◯ Low

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

Have your GP complete the Sleep Test Referral form
and return it to Redbank Plains Pharmacy.

Foote's
Pharmacy

Redbank Plains Pharmacy
(07) 3814 3343 F: (07) 3814 2607
sleep.redbank@footespharmacies.com
Shop 62/63, Town Square Redbank Plains
Redbank Plains Road, Redbank Plains Qld 4301

Sleep Health
FOUNDATION
ACCREDITED MEMBER

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 17/06/2026