

BULK BILLED IN-HOME & IN-CLINIC SERVICE

CPAP TITRATION & TREATMENT

BULK BILLING REQUIREMENT: Completed OSA 50 Screening Questionnaire and Epworth Sleepiness Scale. Available for download www.siestasleepservice.com/refer-to-us



SIESTA SLEEP SERVICE

Today's Date: _____

Patient's Name: _____ M / F

DOB: ____ / ____ / ____ Contact Number: _____

Address: _____

In-Home Test:

- Sleep Study
- CPAP Trial

In-Home Location:

- Sunshine Coast
- Brisbane
- Gold Coast

In-Clinic Test:

- Fully-Attended Level 1 Sleep Study
- CPAP Titration Study
- CPAP Reassessment

In-Clinic Location:

- Sunshine Coast
- Brisbane

Height: _____ cm

Weight: _____ kg

BMI: _____

Referring Doctor's stamp/details

INDICATIONS FOR TESTING:

A score of 5 or more is required to meet Bulk Billing Criteria.

- Witnessed Apnea (2 points)
- Snoring (3 points)
- Obesity (3 points)
Waist Measurement: _____ cm
- Waist Circumference Male >102cm
- Waist Circumference Female >88cm
- Aged 50 years or more (2 points)
- Hypertension
- Diabetes
- OTHER _____

Please Sign Here: _____

1300 SIESTA | 0431 390 548
reception@siestasleepservice.com

ABN 61 187 650 164

• BRISBANE • GOLD COAST

• SUNSHINE COAST

Dr Geoffrey Williams 408456W
Respiratory & Sleep Medicine Specialist

PLEASE FAX REFERRAL TO (07) 3112 4107