

Level 1, Suite 3, 1 Gregory Hills Drive,
Gledswood Hills, NSW 2557

TEL **02 9058 5819** • FAX **02 9475 5439**
EMAIL **admin@macarthurlungsleep.com.au**

POLYSOMNOGRAPHY REQUEST FORM

PATIENT DETAILS

NAME _____

DOB _____ ☐ MALE ☐ FEMALE

ADDRESS _____

PHONE _____

E-MAIL _____

Complete all details or affix patient label here.

CLINICAL DETAILS

Previous sleep study within 12 months? Yes / No. If yes, what type of study:

☐ **Adult Laboratory Diagnostic Sleep study (12203)**

Contraindication to unattended home sleep study (select at least one) :

- ☐ Suspected sleep hypoventilation
- ☐ Suspected central sleep apnoea
- ☐ Presence of advanced respiratory / cardiac/ neuromuscular disease
- ☐ Presence of acromegaly or hypothyroidism
- ☐ Suspected parasomnia
- ☐ Suspected seizure disorder
- ☐ Suspected sleep related movement disorder
- ☐ Unexplained hypersomnolence
- ☐ Intellectual disability or cognitive impairment
- ☐ Physical disability with inadequate carer attendance
- ☐ Consumer preference (anxiety regarding home sleep study, unreasonable cost / disruption based on distance to be travelled, or unsuitable home circumstances)
- ☐ Previous failed or inconclusive home sleep study

☐ **Failed In-Laboratory Diagnostic Sleep study due to insufficient sleep,
defined as sleep efficiency \leq 25% (12208)**

☐ **Portable Home Diagnostic sleep study (12250)**

☐ **CPAP titration (12204) or CPAP Review Study (12205)**

☐ **Bi-Level PAP titration (12204) or
Bi-Level PAP Review Study (12205)**

☐ **Treatment effectiveness (review) study (12205)**

- ☐ Oral appliance
- ☐ Upper airway surgery
- ☐ >10% weight loss in previous 6 months
- ☐ other _____ (provide details)

☐ **Nocturnal PSG + MSLT (12254) - ☐ with PAP :**

☐ **Nocturnal PSG + MWT (12258) - ☐ with PAP :**

- Stimulant : Modafinil / Armodafinil / Dexamfetamine

Mask / PAP Settings

REFERRING DOCTOR DETAILS

Please stamp / insert details (Including provider number)

SIGNATURE _____

DATE _____

☐ Please tick here to request more referrals

HOW TO FIND US



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Email admin@macarthurlungsleep.com.au

HealthLink EDI **macalung**