

Referral Form

SLEEP STUDIES

SLEEP CONSULTATION

BREATHE WELL

Redlands Specialist Centre
19/16 Weppin Street Cleveland QLD 4163
Email: admin@breathewell.com.au
www.breathewell.com.au



BREATHE WELL
INTEGRATED LUNG AND SLEEP CARE

Ph: 07 3193 5400 Fax: 07 3821 7044

Patients Details:

Name: Date of Birth: / /

Address: Telephone:

Referred by:

Name: Provider No:

Signature: Date:

Service Required:

- Sleep Physician Consultation (Please tick if Medicare criteria for direct sleep study referral not met).
 Home Diagnostic Sleep Study (Bulk Billed) In Lab Diagnostic Sleep Study* (See Indications below)

Epworth Sleepiness Score /24 STOP BANG

Commercial Driver BMI

See overleaf for ESS and STOP BANG questionnaire, and Medicare criteria.

Comorbidities:

- Hypertension Ischaemic Heart Disease Diabetes Nocturia
 Arrhythmia Cerebrovascular Disease Depression Memory Loss

Indication for In lab Sleep Study:

In the presence of the following, patients should be considered for in lab testing. Please tick if relevant.

- Significant pulmonary disease Restless legs Unsuitable home environment
 Neuromuscular disease Insomnia Cognitive impairment
 Epilepsy/ neurological disease Parasomnias Physically disabled
 Cardiac failure/ arrhythmias Medicolegal concerns Previous failed study
 Suspected central sleep apnoea BMI ≥ 50 kg/m² Uncertainty about diagnosis

MEDICATIONS:

*Provided by Sleepcare. Locations: Mater Private Hospital Redland, Greenslopes Private Hospital, Sunnybank Private Hospital, St Andrews Sleep Centre.

Physician Enquiries

Dr Miriam Vassallo, Ph: 07 3193 5400
Email: admin@breathewell.com.au

Epworth Sleepiness Score

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently, try to work out how they would have affected you.

Use the following scale to choose the **most appropriate number** for each situation:

- 0 = Would **never** doze
- 1 = **Slight chance** of dozing
- 2 = **Moderate chance** of dozing
- 3 = **High chance** of dozing

Situation	Never	Slight	Moderate	High
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting, inactive in a public place (e.g. a theatre or meeting)	0	1	2	3
As a passenger in a car for 1 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 a lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in the traffic	0	1	2	3
TOTAL SCORE				

STOP - BANG Questionnaire

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | S - Does the patient snore loudly? |
| <input type="checkbox"/> | <input type="checkbox"/> | T - Does the patient always feel TIRED, fatigued or sleepy during daytime? |
| <input type="checkbox"/> | <input type="checkbox"/> | O - Has anyone OBSERVED the patient stop breathing during sleep? |
| <input type="checkbox"/> | <input type="checkbox"/> | P - Does the patient have or is the patient being treated for high blood PRESSURE? |
| <input type="checkbox"/> | <input type="checkbox"/> | B - Does the patient have a BMI more than 35kg/m ² ? |
| <input type="checkbox"/> | <input type="checkbox"/> | A - Age over 50 years old? |
| <input type="checkbox"/> | <input type="checkbox"/> | N - NECK circumference (shirt size) >40cm? |
| <input type="checkbox"/> | <input type="checkbox"/> | G - Is the patient MALE? |

TOTAL SCORE (Score 1 for every "yes" answer.)

To fulfil Medicare criteria for direct referral for a sleep study, STOP BANG must be ≥4 and ESS must be ≥8. If these criteria are not met, the patient will need to be assessed by a specialist first.

Referral for a sleep physician consultation is required to organise CPAP and treatment studies.

These forms can be found in Best Practice templates under **Sleep Study (Cleveland)** and on our website www.breathewell.com.au.