

# Referral Form

## SLEEP STUDIES

## SLEEP CONSULTATION

### BREATHE WELL

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



**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:

Diagnostic Sleep Study (with sleep physician consultation if indicated by result)

*Home sleep studies are Bulk Billed*

Sleep Physician Consultation

Epworth Sleepiness Score \_\_\_\_\_ /24 STOP BANG \_\_\_\_\_ (SEE OVERLEAF FOR QUESTIONNAIRES)

Commercial Driver BMI \_\_\_\_\_

Clinical History \_\_\_\_\_

#### 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  $\geq 50$  kg/m<sup>2</sup>  Uncertainty about diagnosis

**MEDICATIONS:** \_\_\_\_\_

\_\_\_\_\_

#### 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
<b>TOTAL SCORE</b>				

## STOP - BANG Questionnaire

Yes No

- S - Does the patient snore loudly?
- T - Does the patient always feel TIRED, fatigued or sleepy during daytime?
- O - Has anyone OBSERVED the patient stop breathing during sleep?
- P - Does the patient have or is the patient being treated for high blood PRESSURE?
- B - Does the patient have a BMI more than 35kg/m<sup>2</sup>?
- A - Age over 50 years old?
- N - NECK circumference (shirt size) >40cm?
- 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  $\geq 4$  and ESS must be  $\geq 8$ . 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](http://www.breathewell.com.au).