Referral Form
SLEEP STUDIES
SLEEP CONSULTATION

BREATHE WELL
Redlands Specialist Centre
19/16 Weippin 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:

☐ 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 ≥50 kg/m^2 ☐ 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
	TOTAL SCORE			

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^2?
☐	☐	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≥ 3 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.