

# Referral Form

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- Consultation or tele-health       Consultation following/after sleep test       Urgent

*Respiratory Medicine consults are at Brighton, Camberwell & Malvern only.*

- Laboratory Sleep Test:** comprehensive in-lab attended study.

- Home Sleep Test**

*Cabrini Brighton, Epworth Camberwell, Epworth Richmond, SEPH, Beleura Mornington.*

*For suspected moderate to high risk of OSA.*

*Regional: Albury-Wodonga & Wangaratta, Maryvale-Morwell, Mildura, Geelong.*

- Direct referral for sleep test: ESS ( $\geq 8$ ) = \_\_\_\_\_ AND OSA-50 ( $\geq 5$ ) = \_\_\_\_\_ OR STOP-BANG ( $\geq 3$ ) = \_\_\_\_\_**

*Enter ESS, & OSA-50 or STOPBANG scores (& for in-Lab the Medicare reason) see over page.*

- Lung Function:** Spirometry pre & post bronchodilator (BD), & Gas transfer/DLCO

*Brighton*

*Camberwell*

*Malvern*

- Paediatric Spirometry only

- Spirometry & BD

- FeNo

- Lung volumes -body box/plethysmography

- MIPs & MEPs

- MVV

*Brighton, Malvern*

- Bronchial Provocation Challenge - Mannitol

- Oxygen Assessment Clinic: ABGs, 6MWT, SaO<sub>2</sub>

*Brighton*

*Note that all inhalers should be avoided for 12 hours prior to testing, unless required, or instructed otherwise.*

## Patient

Surname \_\_\_\_\_ Given name(s) \_\_\_\_\_

DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_  M  F  other Title/preferred name \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Mobile \_\_\_\_\_ Phone \_\_\_\_\_ DVA \_\_\_\_\_

Medicare no. \_\_\_\_\_ Health Ins. Fund \_\_\_\_\_ no. \_\_\_\_\_

**Clinical details** \_\_\_\_\_

**Comorbidities**  Obesity  AF / rhythm  IHD / Valve / Heart  COPD / Lung  TIA / Stroke  Neuro. / Parkinsons  Pain / CFS

Diabetes  Hypertension  Respiratory /Nasal  Nocturia  Cognition  Mood / Depression  Complex Med

## Doctor

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature \_\_\_\_\_ Provider no. \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Argus \_\_\_\_\_

Brighton | Berwick | Camberwell | Malvern | Albury Wodonga | Mildura

Name:

DOB:

Date:

## Epworth Sleepiness Questionnaire

How likely are you to doze off or fall asleep in the following situations, in contrast to sitting and reading or just feeling tired? This refers to your recent / current way of life. Even if you have not done some of these things recently, try to determine how they would affect you.

Circle the response that best describes you:	Never	Slight	Moderate	High
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place (e.g. in a theatre or in a meeting)	0	1	2	3
As a passenger in a car for an 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 lunch without alcohol	0	1	2	3
In a car as a driver stopped for a few minutes in traffic	0	1	2	3
<b>Score of 8 or more indicates moderate to high risk &amp; enables Medicare rebate</b> <b>TOTAL = _____/24</b>				

OSA 50 Questionnaire	
Waist circumference: Male > 102cm, Female > 88cm	3
Has your snoring ever bothered other people?	3
Has anyone noticed that you stop breathing during your sleep? Have apnoeas?	2
Are you aged 50 years or over?	2
<b>Circle positive response, &amp; add up: a score of 5 or more enables Medicare rebate</b> <b>TOTAL</b>	_____/10

STOP-BANG Questionnaire	
Do you snore loudly? Louder than talking or loud enough to be heard through closed doors?	1
Do you often feel tired, fatigued, or sleepy during the daytime?	1
Has anyone observed you stop breathing, apnoeas obstructions, or choking / gasping during sleep?	1
Do you have, or are being treated for, high BP?	1
BMI > 35 kg/m <sup>2</sup>	1
Age > 50 years	1
Neck circumference: Men > 43cm, Females > 41cm	1
Male Gender	1
<b>Circle / tick &amp; then add up: a score 3 or more enables a Medicare rebate</b> <b>TOTAL</b>	_____/8

### Direct Referral for In-Laboratory Sleep Test requires a Medicare eligible reason (tick one or more that apply):

- home circumstances not appropriate
- patient preference based on a high level of anxiety about location of study or where there is unreasonable cost or disruption based on distance to be travelled
- suspected parasomnia, movements, seizure disorder, paralysis, dream behaviours or bruxism
- full assessment of leg movements
- video needed
- home environment may cause recording failure
- suspected condition where recording of body position is considered to be essential and may not be recorded as part of an unattended sleep study
- previously failed or inconclusive home sleep study
- sleep technician intervention or attention required
- significant co-morbid conditions incl. neuromuscular disease / skeletal, heart failure, recent AMI / stroke / admission, or advanced respiratory disease where more complex disorders are likely
- full assessment of subtle abnormalities
- unsuitable home environment including unsafe environments or where patients are homeless
- intellectual disability or cognitive impairment
- physical disability with inadequate carer attendance
- suspected respiratory failure where attended measurements are required, including measurement of carbon dioxide partial pressures
- other: