

Referral Request

Patient Details			
Full name:		DOB:	
Best contact phone:		Gender:	
Procedure Requested ^{^NATA/Australasian Sleep Association accredited services}			
GP/Specialist Referral		Sleep Physician Referral	
Diagnostic Sleep Study [^] (PTO screening criteria)		CPAP Titration [^]	
Dental Device Sleep Study [^] Type:		CPAP Review [^] Reason: Instruction:	
Positional Device Sleep Study [^] Type:			
Home Sleep Screening:		Non-Invasive Ventilation Instruction:	
Unattended Sleep Study (PTO screening criteria)		Oxygen Titration or Review (please circle) Instruction:	
Oximetry (no Medicare rebate)		Maintenance of Wakefulness Test [^]	
		Multiple Sleep Latency Test [^]	
Any additional instructions and/or relevant clinical information:			
Consultation Request: Peninsula Respiratory Group – Sleep/Respiratory Specialists			
Dr Keith Burgess		Dr Stanley Braude	First available
Dr Kate Barclay		Dr Linda Seeto	
Dr Philip Lee		Dr Patricia Hullah	
Referring Doctor			
Name:		Provider #:	Date:
Signature:		Address:	
Report cc:			

Additional Screening Information			
Suspected respiratory failure		Suspected parasomnia disorder	
Neuromuscular disorder		Suspected seizure disorder	
Advanced respiratory disease. Type:		Heart Failure	
Cognitive impairment		Suspected position related disorder (e.g. supine sleep apnoea)	
Failed home sleep study		Physical disability or inadequate carer attendance	
		Unsuitable home environment for testing	

PTO for pre-screening questionnaires

[^]Accredited by NATA/Australasian Sleep Association.
 Certified by Global-Mark Certification Standard ISO 9001-2015. Accredited to NSQHS.

Patient Screening Questionnaires:

Please complete the following screening questionnaires with your patient. It is now a Medicare requirement that for a patient to qualify for an overnight sleep study without seeing a Sleep Physician they need to:

- Score ≥ 5 points on the OSA 50 + have an ESS of ≥ 8 or;
- Score ≥ 4 points on the STOP-Bang + have an ESS of ≥ 8

If unsure complete referral and send to Peninsula Sleep Clinic who will contact referrer and/or patient as required to manage appropriate clinical pathway.

OSA 50		If yes, circle SCORE
Obesity	Waist Circumference* Male > 102cm Female > 88cm	3
Snoring	Has your snoring ever bothered people?	3
Apnoeas	Has anyone noticed that you stop breathing during your sleep ?	2
50	Are you aged 50 years or over?	2
Total		

*Waist measurements need to be done at the level of the umbilicus (belly button).

STOP-Bang		If yes, circle SCORE
Snoring	Do you Snore Loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)?	1
Tired	Do you often feel Tired, Fatigued, or Sleepy during the daytime (such as falling asleep during driving or talking to someone)?	1
Observed	Has anyone Observed you Stop Breathing or Choking /Gasping during your sleep?	1
Pressure	Do you have or are being treated for High Blood Pressure ?	1
Body Mass Index*	Height: Weight: BMI: Is BMI ≥ 35/kg/m²?	1
Age	Are you aged 50 years or over?	1
Neck Size [^]	Male , is your shirt collar 17 inches / 43cm or larger ? Female , is your shirt collar 16 inches / 41cm or larger ?	1
Gender	Are you male ?	1
Total		

*Enter height and weight if BMI unknown [^]Measured around the Adams apple

Epworth Sleepiness Scale (ESS)	If yes, circle 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.	Never	Slight	Moderate	High
Sitting and reading	0	1	2	3
Watching T.V.	0	1	2	3
Sitting, inactive in a public place (e.g. theatre, 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, while stopped for a few minutes in the traffic	0	1	2	3
Total				