

Referral Request

HealthLink ID: pensleep

Patient Details			
Full name:		DOB:	
Best contact phone:		Gender:	
Procedure Requested			
GP & Specialist Referral		Sleep Physician Referral	
☐ Diagnostic Sleep Study (<i>PTO screening criteria</i>)	☐	☐ CPAP Titration	
☐ Dental Device Sleep Study Type:	☐	☐ CPAP Review	
☐ Positional Device Sleep Study Type:	☐	☐ Reason: Instruction:	
Home Sleep Screening:		☐ Non-Invasive Ventilation Instruction:	
☐ Home Sleep Study (Level 2) (<i>PTO screening criteria</i>)	☐	☐ Oxygen Titration/Review (circle) Instruction:	
☐ ApneaLink (Level 3: Flow, Snore, Oximetry, Pulse, Effort) *no Medicare rebate*	☐	☐ Maintenance of Wakefulness Test	
	☐	☐ Multiple Sleep Latency Test	
Note: all "in Clinic" studies include video	☐	☐ Additional (circle): TcCO2 Extra EMG leads - arms / bruxism	
Any additional instructions and/or relevant clinical information: ☐ ☐ ☐			
Medical Priority			
☐ Urgent	Motor vehicle accident likely associated with sleep, professional driver with $\geq$ moderate sleepiness (ESS $\geq$ 13), severe excessive daytime sleepiness (ESS $\geq$ 16), for other reasons contact Clinic Manager		
☐ Semi Urgent	Pre - operative		
☐ Routine			
Consultation Request: Peninsula Respiratory Group – Sleep/Respiratory Specialists			
☐ Dr Keith Burgess	☐ Dr Stanley Braude	☐ Dr Linda Seeto	
☐ Dr Jian Eu Tai	☐ Dr Rivindi Watthayalage	☐ Dr Cheng Li	
☐ First available			
Referring Doctor			
Name:		Provider #:	Date:
Signature:		Address:	
Report cc:			

PTO for pre-screening questionnaires

Accredited to National Safety and Quality in Healthcare Standard.

Additional Screening – if below criteria selected patient is not suitable for home testing

☐	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

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 ≥ 3 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.

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 /Gaspings during your sleep?	1 ☐
Pressure	Do you have or are being treated for High Blood Pressure ?	1 ☐
Body Mass Index*	Height: Enter Weight: Enter BMI: Enter Is BMI $\geq 35/\text{kg/m}^2$?	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 Total 0

*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	Enter Total 0			