Peninsula Sleep Clinic
www.peninsulasleepclinic.com.au

Ph:9451 0522 Fx: 9451 1422
reception@peninsulasleepclinic.com.au
Forest Central Business Park
Suite 3, Level 2, Building 1,
49 Frenchs Forest Road East,
Frenchs Forest NSW 2086

HealthLink ID: pensleep

Referral Request

Patient Details			
Full name:		**DOB:**	
Best contact phone:		**Gender:**	

Procedure Requested

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:
	Home Sleep Study (Level 2) ***(PTO screening criteria)***		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 ≥ moderate sleepiness (ESS ≥ 13), severe excessive daytime sleepiness (ESS ≥ 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

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 /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/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**
**Enter height and weight if BMI unknown* *^Measured around the Adams apple*	**Total**	

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				