

Referral

Sleep & Respiratory Medicine



☎ 9233 5200 🏠 9233 5210

APPOINTMENT DATE AND TIME

PATIENT NAME

DATE OF BIRTH

ADDRESS

PHONE

EMAIL

MEDICARE NUMBER

Patient presentation

CLINICAL NOTES

Requests

- Sleep study (please see next page)
- Respiratory test and consult
- Respiratory test only

Respiratory tests required

- 1. Pulmonary function test - comprehensive without bronchodilator
- 2. Pulmonary function test - comprehensive with bronchodilator
- 3. Pulmonary function test with feno
- 4. Spirometry without bronchodilator
- 5. Spirometry with bronchodilator
- 6. Spirometry with feno
- 7. Six minute walk test
- 8. Bronchial provocation test
- 9. Rhinomanometry

Referring doctor's details

REFERRING DOCTOR NAME

SIGNATURE/DATE

REFERRING DOCTOR SURGERY

SURGERY STAMP

COPY TO

Sleep and respiratory Physician

Dr Scott Claxton

Centre locations

📞 9233 5200 📠 9233 5210

Joondalup – Shenton House

📍 Suites 2.01 & 2.02, Level 2
57 Shenton Avenue
Joondalup

Murdoch - SJOG Murdoch Medical Centre

📍 Suite 5-7,
100 Murdoch Drive

Referral for sleep investigation

- Option 1 – Physician consultation and sleep study** (nominate physician on list at left)
- Option 2 – Sleep study (Complete ESS and STOP-BANG)**

Medicare requirements for sleep testing have changed

As of the 1st March 2021, patients referred directly for a sleep study must report symptomatic sleepiness via an Epworth score ≥ 8 and have moderate to severe likelihood of Obstructive Sleep Apnoea (OSA)
e.g. STOP-BANG score ≥ 3 .

To determine if your patient is eligible for a diagnostic sleep study, please complete the screening tools below. Alternatively, select Option 1 for referral to a Sleep or Respiratory Physician for further investigation into symptoms or for additional testing including CPAP studies.

Eligibility for Medicare subsidised levy

- Yes** Patient has qualified. Please fax referral to Advara SleepCare for approval by a supervising sleep physician and diagnostic sleep study.
- No** Please fax this referral to Advara SleepCare for an initial physical consultation. Private fee may apply.

Epworth Sleepiness Scale (ESS)

How likely is the patient to doze off or fall asleep in the following situations? Choose the most appropriate number for each situation:

0 = would never fall asleep 2 = moderate chance of falling asleep
1 = slight chance of falling asleep 3 = high chance of falling asleep

Sitting and reading	/3
Watching TV	/3
Sitting, inactive in a public place (theatre, meeting, etc.)	/3
As a passenger in a car for an hour without a break	/3
In a car, while stopped for a few minutes in traffic	/3
Lying down to rest in the afternoon when circumstances permit	/3
Sitting quietly after lunch without alcohol	/3
Sitting and talking to someone	/3
Symptomatically sleepy: scoring of 8 or more	
Total	/24

STOP-BANG Questionnaire

Assign 1 point for each 'yes' response

Does the patient snore loudly (louder than talking or loud enough to be heard through closed doors)?	
Does the patient often feel tired, fatigued, or sleepy during daytime?	
Has anyone observed the patient stop breathing during their sleep?	
Is the patient being treated for high blood pressure?	
Body Mass Index more than 35 kg/m ² ?	
Age: Is the patient over 50 years old?	
Is the patients neck circumference greater than 40 cm?	
Gender: Is the patient male?	
Intermediate risk OSA: answering yes to 3-4 items High risk OSA: answering yes to 5 or more items	
Total	/8