

Referral Form

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Prof Daniel Chambers (Respiratory)
Dr Amy Reynolds (Respiratory & Sleep)
Dr Andrew Small (Cardiology)
Dr Andrew Clarke (Cardiothoracic Surgery)
Dr Isuru Seneviratne (Respiratory)



PATIENT DETAILS

Name: Medicare No:
DOB: / / Phone: Email:
Clinical History:

RESPIRATORY

- ☐ Full lung function (spirometry, diffusing capacity) **BB***
- ☐ Comprehensive lung function (spirometry, diffusing capacity and body plethysmography) **BB***
- ☐ Nasal resistance **BB***



Consult

- ☐ Dr Daniel Chambers ☐ Dr Isuru Seneviratne
- ☐ Dr Amy Reynolds

Spirometry/Lung Function

DO NOT take Ventolin, Bricanyl, Atrovent, Respolin, Asmol (symptom relievers) during the 4 hours before the test.


CARDIAC

- ☐ Ambulatory pressure 
- ☐ Holter monitor 
- ☐ ECG
- ☐ Echocardiogram
- ☐ Exercise stress test
- ☐ Stress echocardiogram

Consult

-  ☐ Dr Andrew Small

Stress Testing

DO NOT smoke or eat 2 hours prior to your test. Please ensure that your referring doctor and the doctor performing the test is aware of your medications. No tea, coffee, cola, chocolate for 12 hours prior to the test. 

SLEEP

- ☐ Home based sleep study **BB***
- * Bulk Billed Important:** The questionnaires overleaf are required to assess your patient's eligibility to attract a Medicare rebate for sleep testing services. A STOP-Bang of ≥ 4 and Epworth score ≥ 8 are required to attract a rebate. If your patient does not meet these requirements a referral to a sleep physician is required - please refer to Dr Amy Reynolds below. Our helpful staff can assist in completion of the questionnaires.

Consult

- ☐ Dr Amy Reynolds

Referring Doctor: Signature:

Cc:

Provider No: Date:

Tel: Fax:



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specialist centre



PATIENT INSTRUCTIONS

Sleep Testing

- Please provide copies of any previous sleep studies.
- If you use CPAP equipment or a Mandibular Advancement Splint, please bring this to your appointment.
- Please obtain a recent download of your CPAP compliance data and bring this to your appointment.
- The questionnaires below are required to assess your patient's eligibility to attract a Medicare rebate for sleep testing services. Our helpful staff can assist in completion of these requirements.

SLEEP MEDICARE ELIGIBILITY

Important: For direct referral sleep studies it is now a Medicare requirement that a patient have a high probability of sleep apnoea (**STOP-Bang** ≥ 4 and **Epworth score** ≥ 8). Please complete the 3 following questionnaires to assist in the assessment of your patient's eligibility. Our staff are more than happy to assist. If your patient does not meet these requirements please refer to Dr Amy Reynolds.

Use the following scale to choose the most appropriate number for each situation:

- 0 = Would never doze
1 = slight chance of dozing
2 = moderate chance of dozing
3 = high chance of dozing
Then total the scores

1. STOP-Bang¹ Questionnaire (Please tick)

<input type="checkbox"/> S - Does the patient SNORE loudly?
<input type="checkbox"/> O - Does the patient often feel TIRED , fatigued or sleep during the daytime?
<input type="checkbox"/> O - Has anyone OBSERVED the patient stop breathing during sleep?
<input type="checkbox"/> P - Does the patient have or is the patient being treated for high blood PRESSURE ?
<input type="checkbox"/> B - Does the patient have a BMI more than 35?
<input type="checkbox"/> A - AGE over 50 years old?
<input type="checkbox"/> N - NECK circumference (shirt size) more than 40cm/16 inches?
<input type="checkbox"/> G - Is the patient a MALE ?

2. Epworth Sleepiness Scale² Questionnaire

For the 8 situations in the following table, how likely is the patient to doze off or fall asleep, in contrast to feeling just tired? Even if the patient has not done some of these things recently, ask them how the situations would have affected them.

Scenario	Score 0-3
Sitting and reading	
Watching television	
Sitting inactive in a public place (eg. theatre or meeting)	
As a passenger in a car for an hour without a break	
Lying down in the afternoon when circumstances permit	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car, while stopped for a few minutes in traffic	
TOTAL SCORE (add up total responses)	

3. Medical History (Please tick/fill in if appropriate)

Height (cm)	<input type="checkbox"/> Type 2 Diabetes	<input type="checkbox"/> Stroke/TIA
Weight (kg)	<input type="checkbox"/> AF	<input type="checkbox"/> Cardiac Failure
	<input type="checkbox"/> Other	

¹ Chung F et al Chest 2016

² Johns M Sleep 1991

All correspondence to:

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