

Sleep Study Referral Form



Phone 0436 141 400
Fax (08) 8431 4734
Email contact@aboutsleepp.com.au

Eastern Clinic
L1 290 Glen Osmond Road
Fullarton SA

Western Clinic
5/95 Findron Road
Woodville South SA

Southern Clinic
760 Marion Road
Marion SA

Northern Clinic
4/502 North East Road
Windsor Gardens SA

Please send us this referral by email, fax, post or drop it into one of our clinics.

We will contact the patient to book this sleep study.

Patient needs to be over 18 and not have had a sleep study within the past 12 months. No gap will be charged. Patient to sleep in their own home after either wiring themselves up or being wired in our clinics in the afternoon.

Patient Details

Name _____ Date of Birth ____/____/____

Address _____

Phone _____ Email _____

Medicare Number _____ Position on Card _____

STOP-BANG

☐ Snoring Loudly (Louder than talking?)

☐ Often Feel Tired, Fatigued or Sleepy?

☐ Observed Apnoeas?

☐ High Blood Pressure?

☐ BMI > 35kg/m2

☐ Age Over 50?

☐ Neck Circumference > 40cm

☐ Gender Male?

STOP-BANG OSA RISK

0-2 Low Risk

3-4 Moderate Risk

5-8 High Risk

STOP-BANG Score ____ / 8

OSA-50 Score ____ / 10 See Overleaf

ESS Score ____ / 24 See Overleaf

Specialist

☐ Please choose a specialist for the patient based on their address and best waiting times.

☐ I request the following Sleep Specialist:

☐ Dr Michael Chia (Kent Town, Elizabeth)
☐ Dr Sutapa Mukherjee (Adelaide)
☐ Dr Carissa Yap (Kent Town)
☐ Dr Nur Sulaiman (Woodville, Norwood)
☐ Dr Simon Proctor (Brighton, Hove, Wallaroo)
☐ Dr Vanessa Tee (Adelaide, Gawler)

☐ Dr Hooi Shan Yap (Brighton, Gawler)
☐ Dr Sanaz Lehman (Ashford)
☐ Dr Michelle Tan (Ashford, Windsor Gardens, Adelaide)
☐ Dr Aaron Oh (Ashford, Stirling)
☐ Dr Sowmya Krishnan (Ashford, Pennington)

Referring Doctor Name

Referring Doctor Provider Number

Address

Phone

Fax / Email

Signature _____ Date ____ / ____ / 20____

Patient Name _____

OSA - 50

		Y / N	Points
Obesity	Waist circumference* - Male > 102cm or Females 88cm		3
Snoring	Has your snoring ever bother other people?		3
Apnoeas	Has anyone noticed that you stop breathing during sleep?		2
50	Are you aged 50 years or over?		2
Score ≥ 5 Moderate to High Risk OSA.		Total Score	_____/10 points

* Waist measurement to be measured at the level of the umbilicus

The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations? Even if you have not done some of these things recently, please try to determine how they would have affected you.

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

0 = would never doze
2 = moderate chance of dozing

1 = slight chance of dozing
3 = high chance of dozing

Situation	Score
Sitting and Reading	
Watching TV	
Sitting inactive in a public place	
A passenger in a car for an hour without a break	
Lying down to rest 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	/ 24
11-12 Mild Excessive Daytime Sleepiness	
13-15 Moderate Excessive Daytime Sleepiness	
16-24 Severe Excessive Daytime Sleepiness	