

Referral Form



Phone 0436 141 400
Fax (08) 8431 4734
Email info@ethicalsleepstudies.com.au

| | | |
|--------------------------------------|---------------------------------|----------------------------|
| Eastern Clinic | Western Clinic | Southern Clinic |
| 240 Kensington Rd Marryatville SA | 376 Grange Rd Kidman Park SA | 760 Marion Rd Marion SA |

Please send us this referral by email, fax or post, or drop it into one of the addresses above.

We will contact the patient to book the sleep study.

Patient needs to be over 18 and not have had a sleep study for the past year. No gap will be charged. Patient to sleep in their own home after being wired in our clinics in the afternoon.

Patient Details

Name _____ Date of Birth ____ / ____ / ____

Address _____

Phone _____ Email _____

Medicare Number _____ Position on Card _____

STOP-BANG Criteria

- 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 0 The Sleep specialist on the Ethical Panel based on best waiting times and patient preference

Or I request the following Sleep Specialist

- Dr Michael Chia (Kent Town, Elizabeth)
- Dr Sutapa Mukherjee (Adelaide)
- Dr Carissa Yap (Kent Town, Brighton, Stirling)
- Dr Nur Sulaiman (Woodville, Norwood, Ardrossan)
- Dr Paroma Sarkar (Kent Town, Holden Hill, Elizabeth)
- Dr Vanessa Tee (Adelaide, Gawler)

- Dr Hooi Yap (Brighton, Northfield, Gawler)
- Dr Sanaz Lehman (Ashford)
- Dr Michelle Tan (Ashford, Windsor Gardens, Adelaide)
- Dr Sarah Newhouse (Brighton)
- Dr Jien ni Cheng (Brighton)
- Dr Aaron Oh (Ashford, Kent Town, Stirling)

Name
Address
Phone
Fax / Email
Signature

GP Provider Number

Date ____ / ____ / 20__

Patient Name _____

OSA - 50

| | | Y / N | Points |
|--------------------------------------|---|-------------|-------------------|
| Obesity | Waist circumference * - Male > 102cm or Females 88cm | | 3 |
| Snoring | Has your snoring ever bothered other people? | | 3 |
| Apnoeas | Has anyone noticed that you stop breathing during your sleep? | | 2 |
| 50 | Are you aged 50 years or over? | | 2 |
| Score >= 5 Moderate – 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

1 = slight chance of dozing

2 = moderate 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 | |