

# Sleep Study Referral Form



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

Eastern Clinic  
L1 290 Glen Osmond Road  
Fullarton SA

Western Clinic  
5/95 Findon 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/m<sup>2</sup>
- ☐ 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:

<input type="radio"/> Dr Michael Chia (Kent Town, Elizabeth)
<input type="radio"/> Dr Sutapa Mukherjee (Adelaide)
<input type="radio"/> Dr Carissa Yap (Kent Town)
<input type="radio"/> Dr Nur Sulaiman (Woodville, Norwood)
<input type="radio"/> Dr Simon Proctor (Brighton, Hove, Wallaroo)

<input type="radio"/> Dr Hooi Shan Yap (Brighton, Gawler)
<input type="radio"/> Dr Michelle Tan (Ashford, Windsor Gardens, Adelaide)
<input type="radio"/> Dr Aaron Oh (Adelaide, Stirling)
<input type="radio"/> Dr Sowmya Krishnan (Ashford, Pennington)
<input type="radio"/> Dr Vanessa Tee (Adelaide, Gawler)

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	
<b>Total</b>	<b>/ 24</b>
11-12 Mild Excessive Daytime Sleepiness	
13-15 Moderate Excessive Daytime Sleepiness	
16-24 Severe Excessive Daytime Sleepiness	