

ETHICAL SLEEP STUDIES REFERRAL

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Eastern Clinic
240 Kensington Rd
Marryatville SA

Western Clinic
376 Grange Rd
Kidman Park 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.

Or book an appointment at ethicalsleepestudies.com.au/appointment (Home Sleep Studies Only)

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's Name _____

Address _____

Email _____ Date of Birth _____

Phone _____ Mobile Phone _____

Medicare No. _____ Position _____ Expiry Date _____

Reason for Sleep Study

Patient Preference - Home / Hospital

Suspected Sleep Disorder (STOP-BANG)

- ☐ Snoring Loudly? (louder than talking?)
- ☐ Often feel Tired, fatigued or sleepy during daytime?
- ☐ Observed Apnoeas?
- ☐ High Blood Pressure?
- ☐ BMI > 35kg/m²
- ☐ Age over 50?
- ☐ Neck circumference > 40cm
- ☐ Gender Male?

Follow up Sleep Study – review

- ☐ CPAP
- ☐ Mandibular Advancement Splint(MAS)
- ☐ Surgery
- ☐ Other

ESS Score ____ / 24 see overleaf

OSA-50 Score ____ / 10 see overleaf

Associated conditions?

- ☐ Heart Disease
- ☐ Diabetes
- ☐ Hypertension
- ☐ Atrial Fibrillation

Medications taken

- ☐ Opiate
- ☐ Benzodiazepine
- ☐ Antipsychotic
- ☐ Antidepressant

Sleep Specialist – please choose

- ☐ To the Sleep Specialist on the Ethical Sleep 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, Ridgehaven)
- ☐ Dr Carissa Yap (Kent Town, Brighton, Stirling)
- ☐ Dr Michelle Tan (Ashford, Parkside)
- ☐ Dr Paroma Sakar (Thebarton)
- ☐ Dr Sarah Newhouse (Brighton)

- ☐ Dr Nur Sulaiman (Woodville, Elizabeth)
- ☐ Dr Vanessa Tee (Parkside, Gawler)
- ☐ Dr Hooi Yap (Brighton, Gawler, Lightview)
- ☐ Dr Sanaz Lehman (Ashford)
- ☐ Prof Brian Smith (Woodville, Kent Town, Parafield Gdns)
- ☐ Dr Jien ni Cheng (Brighton)

Ethical Sleep Studies recommends that all patients see the reporting Sleep Specialist for their results and therapy.
Fees for Specialists vary

Referring Doctor – results will be sent by Post / Fax / Email

Name _____ Provider No. _____

Address _____ Telephone _____

Email _____ Fax _____

Signature _____ Date ____ / ____ / ____

		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
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 (eg theatre or meeting)	
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

Patient Name _____

Signature _____

Date ____ / ____ / ____