



SLEEP STUDY REFERRAL

Unit No.: _____
 Surname: _____
 Given Name: _____
 DOB: _____ Gender: _____
 Address: _____

 Doctor: _____ Pension No.: _____
 Admission Date: _____
(please affix Patient Identification label here, if available)

Dr Steven Lindstrom Dr Elizabeth Clark Dr Peter Cistulli

Return Completed Form by Email Sleep.SGP@Ramsayhealth.com.au or
 Fax (02) 9598 5682 Phone: (02) 9598 5573

This form is to be completed by the referring Doctor

SECTION 1 – PATIENT DETAILS

Title: _____ Surname: _____ Given Names: _____
 Address: _____
 Date of Birth: ____/____/____ Sex: Male Female
 Phone: (H) _____ (W) _____ (M) _____
 Health Fund: _____ Membership Number: _____

SECTION 2 – SLEEP STUDY ASSESSMENT

For a Medicare subsidised Diagnostic sleep study a patient must score 8 or more on the Epworth Sleepiness Score (ESS) Total Score: _____ /24

How likely are you to doze off in the following situations?

Sitting and reading	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<i>Use the following scale to choose the most appropriate answer:</i> 0 – No chance 1 – Slight chance 2 – Moderate chance 3 – High chance
Watching television	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Sitting inactive, in a public space	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Lying down to rest in the afternoon when circumstances permit	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Sitting & talking to someone	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
Sitting quietly after a lunch without alcohol	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
As a passenger in a car for an hour without a break	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	
In a car, whilst stopped for a few minutes in traffic	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	

For a Medicare Subsidised Diagnostic sleep study a patient must score 5 or more on the OSA 50 Score Total Score: _____ /10

		Circle if Yes for Score:
OBESITY	Waist circumference Male: >102cm (40 inches) Female: >88cm (34½ inches)	3
SNORING	Has your snoring bothered other people?	3
APNEAS	Has anyone noticed that you stop breathing during your sleep?	2
50	Are you aged 50 years or over?	2

ELIGIBILITY FOR MEDICARE SUBSIDISED STUDY

Yes – Patient has qualified. Please fax or email referral for approval by a supervising sleep physician
 No – Patient is NOT eligible. Please fax or email referral for further options. Private Fees may apply.

BINDING MARGIN - DO NOT WRITE

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MR 1.20

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SECTION 3 – MEDICAL HISTORY / CONSIDERATIONS

Please detail Relevant Medical History:

Please detail Relevant Co-Morbidities:

- | | | |
|--|--|---|
| <input type="checkbox"/> Ischaemic heart disease | <input type="checkbox"/> Cardiomyopathy/CCF | <input type="checkbox"/> Atrial fibrillation |
| <input type="checkbox"/> Cerebrovascular disease | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> Suspected respiratory failure | <input type="checkbox"/> Cognitive impairment |

SECTION 4 – SLEEP STUDY REQUESTED

- | | |
|--|--|
| <input type="checkbox"/> Diagnostic Study (12203) | <input type="checkbox"/> Sleep Physician Consultation after the Study |
| <input type="checkbox"/> CPAP Study (Initial) (12204) | <input type="checkbox"/> Sleep Physician Consultation prior to Study should ESS Score be <8 & the OSA 50 Score be <5 |
| <input type="checkbox"/> CPAP Treatment Sleep Study (Review) (12205) | |

Referring Doctor Details:

Name of referring Doctor:

Provider Number:

Date:

Referring Doctor Signature:

Referring Doctor Details:

Additional Reports to:

Name:

Name:

Address:

Address:

INFORMATION FOR PATIENTS HAVING A SLEEP STUDY

Please arrive at 6.30pm for your Sleep Study

Please be punctual.

If you are running late, let us know by ringing (02) 9598 5555

What should I bring?

- Your medicare/repatriation card and your private health insurance details
- Comfortable night attire (preferably two piece pyjamas)
All your usual medications - we do not keep any medications in the Sleep Laboratory. If you usually take night-time sedatives, bring them along too
- Your own pillow (if you wish)
- Personal toiletries
- A change of clothes if you wish for the next day
- Reading material
- Your CPAP/BIPAP Machine if you have one and your mask

Where do I go?

On arrival at 6.30pm, go to the Ground Floor Reception Desk. After completing some paperwork, they will take you to the Sleep Laboratory.

Where can I park?

Parking is available at the hospital at a reduced rate for Sleep Study patients

Should you have any queries regarding your Sleep Study booking, please contact (02) 9598 5573

On Arrival

The sleep technician will arrive to set you up for the night and instruct you as to whether you need a shower before the study begins. If you have a beard please shave under your chin.

Medications

We do not keep any medications in the Sleep Laboratory. It is important to bring along your usual treatment. If you usually take night-time sedatives, bring them along too.

Food & Drink

Dinner and a light breakfast will be provided.

Accommodation

Each patient has a private room with its own private bathroom facilities. Internet access and Foxtel are available.

St George Private Sleep Laboratory

St George Private Hospital
1 South Street
Kogarah NSW 2217



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