

REFERRAL FORM

Please send your referral to us by Email: adminwa@ressleep.com.au

Our staff will contact the patient to book an appointment. Patients: Please bring this referral to your appointment.

Patient name _____ D.O.B _____ / _____ / _____
 Email _____ Phone _____ Commercial drivers licence: Yes No

REFERRAL FOR SLEEP AND RESPIRATORY PHYSICIANS (Please mark appropriate circle/s)

- Home sleep study** - All Medicare subsidised studies must meet the approved criteria below in accordance with Medicare item 12250. The assessment and appropriateness of home studies are overseen by a supervising sleep physician. Based on these assessments and the study findings, certain complex patients may require a sleep physician consultation.
- Sleep physician consultations** - Medicare and DVA rebates apply. Available at selected sites only. Consultation fee and wait times will vary.

ESS Questionnaire

For a Medicare subsidised sleep study a patient must score 8 or more on the following. Total score :

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
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 and 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, while stopped for a few minutes in traffic	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

Use the following scale to choose the most appropriate answer:
 0 - No chance
 1 - Slight chance
 2 - Moderate chance
 3 - High chance

STOP BANG Questionnaire

For a Medicare subsidised sleep study a patient must score 4 or more. Each question is worth 1 point. Total 'Yes' answers :

- Do you **S**nore loudly (loud enough to be heard through closed doors or your bed-partner elbows you for snoring at night)? Yes No
- Do you often feel **T**ired, fatigued, or sleepy during the day (such as falling asleep during driving or talking to someone)? Yes No
- Has anyone **O**bserved you stop breathing or choking/gasping during your sleep? Yes No
- Do you have or are you being treated for high blood **P**ressure? Yes No
- Is your **B**ody mass index more than 35 kg/m²? Yes No
- Are you **A**ged older than 50? Yes No
- Is your **N**eck size large: For male, is your shirt collar 17 inches / 43cm or larger? For female, is your shirt collar 16 inches / 41cm or larger? (Measured around adams apple) Yes No
- Is your **G**ender male? Yes No

ELIGIBILITY FOR MEDICARE SUBSIDISED STUDY

- Yes** - Patient has qualified. Please fax referral to ResSleep for approval by a supervising sleep physician and home sleep study.
- No** - Patient is NOT eligible. Please fax this referral to ResSleep for further sleep study options. Private fee may apply.

SYMPTOMS (Please mark appropriate circle/s)

- Snoring
- Witnessed apneas / nocturnal gasping / choking
- Daytime lethargy / sleepiness
- Cognitive impairment
- Waking with headache
- Weight gain
- Restless sleep
- Insomnia
- Irritability

RELEVANT MEDICAL CONDITIONS (Please mark appropriate circle/s)

- Hypertension
- Cardiac failure
- Stroke / TIA
- COPD
- Overweight
- Pacemaker
- Type II Diabetes
- Atrial fibrillation
- Family history (OSA)
- Clinical history (optional, attach notes to this referral)
- Other _____

THERAPY REQUIRED (Please mark appropriate circle/s)

- CPAP/APAP treatment trial** for the treatment of sleep apnea
- CPAP therapy review with oximetry** (pressure, compliance, mask review & full equipment check)
- Supply of DVA approved equipment and services** *For eligible DVA patients
- Mandibular advancement oral device** for the treatment of snoring and sleep apnea (Assessed & fitted by qualified dentist. Available at selected Sydney clinics only)

For this referral to be valid, please ensure the following details are completed:

Referring Dr. name _____
 Provider no. _____ Referral date _____ / _____ / _____
 Practice name _____ Phone _____
 Address _____ Fax _____
 Email _____ Medical objects secure messaging
 Referring Dr. signature: _____

If you answer 'Yes' to three or more of these questions you are at high risk of having sleep apnea.



Y Your BMI is greater than 25?
A Aware that you have been snoring or have pauses in your breathing while you sleep?
W Waking unrefreshed most mornings?
N Nodding off easily during the day?

ResSleep[®]
Snoring & Sleep Apnea – tested & treated

ResSleep Clinic Locations

WESTERN AUSTRALIA

Joondalup

Lvl 2, Suite 13, Shenton House
57 Shenton Avenue
Joondalup 6027

Perth CBD

Suite 26, Mount Medical Centre
146 Mounts Bay Road
Perth 6000

Mandurah

Suite 6, 34-36 Minilya Parkway
Greenfields WA 6210

Electronic referral (RTF) templates are available for download from the ResSleep website in suitable formats for a range of practice management software programs. ressleep.com.au

Please email completed referral forms to
adminwa@ressleep.com.au