Sleep Study Referral

Air Liquide HEALTHCARE

Referral Date:

PATIENT INFORMATION:

Name:

DOB: D D M M Y Y Y Y

Gender: M / F

Address:

Postcode:

Mobile:

Email:

Medicare:

Reference: Expiry: (DDYY)

DVA: Gold White

REFERRING DOCTOR/PHYSICIAN DETAILS:

*This section must be completed for a valid referral

Name:

Surgery:

Postcode:

Provider Number:

Phone: Fax:

Email:

Doctors Signature:

Stamp:

BULK BILLING REQUIREMENTS : STOP-Bang score of ≥ 3 points or OSA50 ≥ 5 points and ESS ≥ 8 points
Service Requested Level 2 PSG - Bulk Billed - Sleep Study (Item 12250) to confirm the diagnosis of OSA AND specialist consultation where deemed appropriate by the Sleep Physician.

CONTRAINDICATIONS: Please confirm that the patient does not experience any contraindications for a home based sleep study listed:

Significant intellectual / cognitive impairment, significant physical disability without a carer's assistance, neuromuscular disease, advanced heart failure, advanced / Type II respiratory failure, seizure disorders, parasomnias, or an unsafe/undesirable home environment.

Tick to confirm no contraindication ☐ Previous sleep study: ☐ Yes ☐ No Date:

STOP-Bang : A score of ≥ 3

- ☐ **S** Does the patient **SNORE** loudly?
- ☐ **T** Does the patient often feel **TIRED**, fatigued or sleep during daytime?
- ☐ **O** Has anyone **OBSERVED** the patient stop breathing during sleep?
- ☐ **P** Does the patient have or is the patient being treated for high blood **PRESSURE**?
- ☐ **B** Does the patient have a **BMI** more than 35?
- ☐ **A** **AGE** over 50 years old?
- ☐ **N** **NECK** circumference (shirt size) more than 40cm / 16 inches?
- ☐ **G** Is the patient a **MALE**?

TOTAL score

Each question is 1 point

OSA50 : A score of ≥ 5

☐	**O** Obesity (3 points)	Waist circumference: Male > 102cm or Female >88cm
☐	**S** Snoring (3 points)	Has your patient's snoring ever bothered other people?
☐	**A** Apnea (2 points)	Has anyone noticed that your patient stopped breathing during sleep?
☐	**50** (2 points)	Is your patient aged 50 years or over?

TOTAL score

Epworth Sleepiness Scale Questionnaire: A score of ≥ 8

In the following situations, how likely is the patient to doze off or fall asleep, in contrast to just feeling tired? Use the numeric scale below to determine the likelihood of dozing off in each of the situations below.

0 = Would never doze 1 = slight chance of dozing 2 = moderate chance of dozing 3 = high chance of dozing

1 ChungChung F et al Anaesthesiology 2008 & Br J Anaesth 2012; 2 Chai-Coetzer CL ed al Thorax 2011; 3 Johns M Sleep 1991

Tick one score for each scenario

Situations	0	1	2	3
Sitting and Reading	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐
Sitting inactive in a public place (eg. theatre or meeting)	☐	☐	☐	☐
As a passenger in a car for an hour with no break lying down in the afternoon	☐	☐	☐	☐
Sitting and talking to someone	☐	☐	☐	☐
Lying down in the afternoon when circumstances permit	☐	☐	☐	☐
Sitting quietly after lunch (without alcohol)	☐	☐	☐	☐
In a car, while stopped for a few minutes in traffic	☐	☐	☐	☐
TOTAL SCORE (add up score of total responses)				

EFAX : 1800 270 779 | Medical Objects ID: LA2015OOJD | HealthLink ID: alhealth | sleepstudy@airliquide.com

Our staff will contact your patient to book a convenient appointment if the referral is sent using one of the above options

SYMPTOMS AND MEDICAL CONDITIONS

Diagnostic Sleep Study - to confirm diagnosis of Obstructive Sleep Apnea and specialist consultation where deemed appropriate by the sleep physician.

Clinical history;

- ☐ Hypertension
- ☐ Cardiac failure
- ☐ Stroke / TIA
- ☐ COPD
- ☐ Overweight
- ☐ Pacemaker
- ☐ Type II Diabetes
- ☐ Atrial fibrillation
- ☐ Family history (OSA)
- ☐ Witnessed apnea or choking
- ☐ Regular Fatigue or Daytime Sleepiness
- ☐ Regular Loud Snoring
- ☐ Depression
- ☐ Sleepy Driving
- ☐ Neurological Issues
- ☐ Frequent Nocturia

Other: ______________________

Patient Height (cm) = ☐ **Weight (kg) =** ☐ **BMI (kg/m2) =** ☐

YOUR SLEEP STUDY APPOINTMENT

- We provide comprehensive collection of high-quality sleep data, with a **wireless sleep testing** device which is small, simple to use and comfortable for patients in home testing.
- Our studies are scored by a sleep scientist and reported on by local sleep physicians.
- Your sleep study appointment will have a booking fee. (Details will be provided at time of booking confirmation.)
- If you need to cancel or reschedule we kindly ask that you give 48 hours notice.
- If your sleep study is self funded, a private study fee will be payable in clinic prior to your sleep study test, this is not covered by Medicare.

SCAN ME

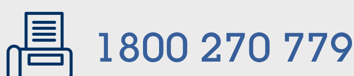
PATIENT PATHWAY

1. Patient referred for sleep study at home
2. Patient attends consultation/ education, performs sleep study (10-14 days)
3. Independent Sleep Physician reviews study, provides diagnosis and recommendations (14-21 days)
4. Patient commences treatment if recommended
5. Ongoing CPAP therapy treatment, support and coaching

AIR LIQUIDE HEALTHCARE - CONTACT US

Australia's largest facilitator of home sleep apnea studies and therapy. Our Patient Pathway is an end-to-end solution for the diagnosis, treatment and ongoing management of Obstructive Sleep Apnea.

1300 36 02 02



1800 270 779

sleepstudy@airliquide.com

https://sleepsolutionsaustralia.com

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https://www.airliquidehealthcare.com.au/sleep-study-referral-rtf-files

SCAN ME