SYDNEY SLEEP CENTRE
REFERRAL FORM

T. (02) 9252 6144

SYDNEY SLEEP CENTRE

*"A Centre Dedicated To **Diagnosis, Investigation and Treatment** Of All Sleep Disorders"*

Date of Referral _____

Patient Details

Name

DOB

Address

Tel Mob

Email

Referring Doctor Details

Name

Address

Tel

Provider #

Signature

Clinical History *(Please cross the relevant box X)*

- ☐ Snoring
- ☐ Witnessed apneas
- ☐ Excessive daytime sleepiness
- ☐ Abnormal activity during sleep
- ☐ Ischaemic Heart Disease
- ☐ CVA / Stroke
- ☐ Hypertension
- ☐ Diabetes
- ☐ Congestive Heart Failure
- ☐ Atrial Fibrillation
- ☐ Commercial Driver
- ☐ Other _____

Service Requested *(Please cross the relevant box X)*

Consultation

☐ Sleep/Respiratory Specialist Consult

☐ Dr A Desai ☐ Dr A Dollman

Investigation

☐ Home Diagnostic Sleep Study*

Tick if needed:

☐ Sleep Physician Consult after Home Sleep Study

FOR HOME SLEEP STUDY
Medicare rules Nov 2018

Complete next page*:
☐ OSA 50 ≥ 5
☐ Epworth Score ≥ 8

*PLEASE COMPLETE FOLLOWING PAGE TO CONFIRM MEDICARE ELIGIBILITY FOR HOME SLEEP STUDY

Please contact us for an appointment

Tel: (02) 9252 6144; Fax: (02) 9251 7557

info@sleepcentres.com.au

Suite 203, Level 2, 12-14 O'Connell Street, Sydney

Please bring this referral when you come to your appointment

SYDNEY SLEEP CENTRE

OSA 50 SCREENING QUESTIONNAIRE

	If yes, SCORE
Obesity: Waist circumference* - Males >102cm or Females >88cm	3
Snoring: Has your snoring ever 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
TOTAL SCORE:	..... / 10 points

*Waist circumference to measured at level of the umbilicus

EPWORTH SLEEPINESS SCALE

Rate the chance that you would doze off during the following 8 routine daytime situations.

0 = Would never doze
1 = Slight chance of dozing
2 = Moderate chance of dozing
3 = High chance of dozing

Situation	Chance of dozing
Sitting and reading	
Watching TV	
Sitting, inactive in a public place (e.g. a theatre or a meeting)	
As 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 a lunch without alcohol	
In a car, while stopped for a few minutes in the traffic	
Total	

To qualify for home sleep study testing, the patient needs OSA 50 ≥ 5 & EPWORTH ≥ 8
If the patient does not qualify, please refer for Sleep Physician review