

Sleep Study Referral		A	ir	Li	q	ui	d	E
Referral Date:		НЕ	A	Γ,	ГН	С	A F	₹ F

PATIENT INFORMATION:	REFERRING DOCTOR/PHYSICIAN DETAILS:						
Name:	*This section must be completed for a valid referral						
Name:	Name:						
DOB:  D D M M Y Y Y M F	Surgery: Provider Number:						
Address:	Phone:						
Postcode:	Fax:						
Mobile:	Email:						
Email:	Doctors Signature:						
Medicare:	Signature						
Reference: Expiry: (DDYY)	Stamp:						
DVA: Gold White							
BULK BILLING REQUIREMENTS FOR SLEEP STUDIES: STOP-B	lang: A score of ≥ 3 points or OSA50 ≥ 5 points and ESS ≥ 8 points	يا s					
	- Sleep Study (Item 12250)						
Reason for referral: Medicare Private DVA Comm	mercial or licensing purpose CPAP Review						
Significant intellectual / cognitive impairment, significant physic disease, advanced heart failure, advanced / Type II respiratory fa home environment.	experience any contraindications for a home based sleep study listed: cal disability without a carer's assistance, neuromuscular failure, seizure disorders, parasomnias, or an unsafe/undesirable revious sleep study:  Yes  No Date:						
STOP-Bang : A score of > 3	OSA50 : A score of > 5						
<b>S</b> Does the patient <b>SNORE</b> loudly?	Obesity (2 points) Waist circumference:						
f T Does the patient often feel <b>TIRED</b> , fatigued or sleep during daytime?	Obesity (3 points)  Waist circumference: Male > 102cm or Female > 88cm						
O Has anyone OBSERVED the patient stop breathing during sleep?	S Snoring (3 points)  Has your patient's snoring ever bothered other people?						
P Does the patient have or is the patient being treated for high blood PRES							
<b>B</b> Does the patient have a <b>BMI</b> more than 35?	A Apnea (2 points)  Has anyone noticed that your patient stopped breathing during sleep?						
A AGE over 50 years old?	Is your patient aged 50 years or						
N NECK circumference (shirt size) more than 40cm / 16 inches?	50 (2 points) over?						
G Is the patient a MALE? TOTAL score	TOTAL score						
Each question is 1 p							
In the following situations, how likely is the patient to do numeric scale below to determine the likeliho	Questionnaire: A score of > 8  oze off or fall asleep, in contrast to just feeling tired? Use the bood of dozing off in each of the situations below.  2 = moderate chance of dozing 3 = high chance of dozing.	a					
	012; 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	I down in the afternoon						
Sitting and talking to someone							
Lying down in the afternoon when circumstances perm	nit						
Lying down in the afternoon when circumstances perm Sitting quietly after lunch (without alcohol)	nit						
Lying down in the afternoon when circumstances perm Sitting quietly after lunch (without alcohol) In a car, while stopped for a few minutes in traffic	nit						

## 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;

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



## PATIENT PATHWAY

Patient referred for sleep study at home Patient attends consultation/ education, performs sleep study (10-14 days) Independent Sleep Physician reviews study, provides diagnosis and recommendations (14-21 days)

Patient commences treatment if recommended

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Ongoing CPAP therapy treatment, support and coaching

QLD

## 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.



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https://sleepsolutionsaustralia.com

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