Sleep Study Referral

Air Liquide HEALTHCARE

PATIENT INFORMATION:

Name: _____

DOB: D D M M Y Y Y Y Gender: ☐ M ☐ F

Address: _____

_____ Postcode: _____

Mobile: _____

Email: _____

Medicare: _____

Reference: _____ Expiry: _____ / _____ (MM/YYYY)

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: _____

Referral Date: D D M M Y Y Y Y

- Bulk billing requirements: A STOP-Bang score of ≥ 3 points OR a OSA50 score of ≥ 5 points AND an ESS score of ≥ 8 points.
- Service Requested: Level 2 PSG Bulk Billed Sleep Study (Item 12250) to confirm the diagnosis of OSA.
- Specialist consultation, if deemed appropriate by the Sleep Physician.

Previous sleep study: Yes ☐ No ☐ **Date of previous sleep study:** D D M M Y Y Y Y

CONTRAINDICATIONS:

Please confirm that the patient does not have any contraindications for a home-based sleep study. These contraindications include: Significant intellectual or cognitive impairment. Major physical disabilities without caregiver assistance. Neuromuscular diseases. Advanced heart failure. Advanced or Type II respiratory failure. Seizure disorders. Parasomnias, or an unsafe or undesirable home environment.

Tick to confirm no contraindication: ☐

STOP-Bang : Patient score of ≥ 3

Each question = 1 point

- ☐ Does the patient SNORE loudly?
- ☐ Does the patient frequently feel TIRED, fatigued, sleepy during the day?
- ☐ Has anyone OBSERVED the patient stop breathing during sleep?
- ☐ Does the patient have or is the patient being treated for high blood PRESSURE?
- ☐ Does the patient have a BMI more than 35?
- ☐ AGE over 50 years old?
- ☐ NECK circumference (shirt size) more than 40cm / 16 inches?
- ☐ Is the patient's GENDER at birth male?

TOTAL score _____

OSA50 : Patient 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: ≥ 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 scenarios.

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

Scenario	Tick one score for each scenario: 0	1	2	3
Sitting and Reading	☐	☐	☐	☐
Watching TV	☐	☐	☐	☐
Sitting inactive in a public place (e.g, theatre or meeting)	☐	☐	☐	☐
As a passenger in a car for an hour with no break	☐	☐	☐	☐
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) _____

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

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

Clinical history tick all that apply:

- ☐ 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) = _____

AIR LIQUIDE HEALTHCARE

AUSTRALIA'S LARGEST FACILITATOR OF HOME BASED SLEEP APNEA DIAGNOSTIC STUDIES AND THERAPY.
OUR PATIENT PATHWAY IS AN **END-TO-END SOLUTION** FOR THE DIAGNOSIS, TREATMENT AND ONGOING MANAGEMENT OF **OBSTRUCTIVE SLEEP APNEA.**

WAYS TO REFER

Medical Objects ID: LA2015OOOJD

1800 270 779

Health Link: alhealth

sleepstudy@airliquide.com

Best Practice & Zedmed are also available for download. Simply scan the QR code below.

PATIENT PATHWAY



*if PAP Therapy is recommended as a result of the Sleep Study

CONTACT AIR LIQUIDE HEALTHCARE

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sleepsolutionsaustralia.com

1800 270 779

au.healthcare.airliquide.com

SCAN THE QR CODE
TO SUBMIT YOUR REFERRAL

Our team will reach out to your patient to schedule their home sleep study at a clinic that is convenient for them.

I ♥ ndis

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