

P: 08 6117 9339
 E: reception@sleeplifeaustralia.com.au
 F: 08 9200 5693

SLEEP REFERRAL FORM:
 Dr Helen Bell
 MBBS MSc FRACP

Referral doubles as general referral to Dr Helen Bell and/or Referral to SLA for sleep assessment.

Patient Details																
Patient Name:		DOB: /..... /.....														
Address:																
Telephone Number:		Pension: DVR:														
Medicare Number: Ref: Exp:		Email Address:														
Referral For:																
Level 2 Ambulatory sleep study	And/Or	Sleep Physician consultation														
If patient does not meet Medicare criteria for direct sleep study a consultation with Dr Helen Bell will be offered followed by Medicare approved sleep study if indicated.																
URGENT?	Reason?															
Medicare Criteria for Direct Sleep Study																
<ul style="list-style-type: none"> • Patient Aged 18+ • OSA50 score of 5+ STOPBANG score of 3+ • Epworth Sleepiness Scale of 8+ • Home Sleep Study has not been claimed within the last 12 months from the date of this referral 																
		Referral Reason														
Indication (tick box)		Clinical History (required)														
Suspected OSA Unexplained fatigue/hypersomnolence Restless legs syndrome Insomnia Parasomnia Other (see Clinical History)		Please attach a list of current medications.														
Referring Doctor's Details		Relevant Medical Conditions														
Doctor's Name: Address: Practice Name: Signature: Provider No: Date: /..... /.....		<table border="1"> <tr> <td>Enlarged Tonsils? Grade (circ</td> <td>e) 1 2 3 4</td> </tr> <tr> <td>IHD</td> <td>Diabetes</td> </tr> <tr> <td>Hypertension</td> <td>COPD</td> </tr> <tr> <td>Atrial fibrillation/flutter</td> <td>Other Resp Condition</td> </tr> <tr> <td>Heart Failure</td> <td>Intellectual disability or cognitive impairment</td> </tr> <tr> <td>Stroke/TIA</td> <td></td> </tr> <tr> <td>Nasal/Sinus Disease</td> <td></td> </tr> </table>	Enlarged Tonsils? Grade (circ	e) 1 2 3 4	IHD	Diabetes	Hypertension	COPD	Atrial fibrillation/flutter	Other Resp Condition	Heart Failure	Intellectual disability or cognitive impairment	Stroke/TIA		Nasal/Sinus Disease	
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To book your sleep study with one of our clinicians

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<p>Epworth Sleepiness Scale (ESS) - circle all that apply Score out of 24 and the</p> <p>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.</p>				
0 = No Chance		1 = Slight Chance	2 Moderate Chance	3 High Chance
Situations		Numeric Scale		
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place	0	1	2	3
As a passenger in a car for an hour with no break	0	1	2	3
Lying down in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch (without alcohol)	0	1	2	3
Stopping in traffic for a few minutes while driving a car	0	1	2	3
Total ESS Score		Out of 24		
STOPBANG Questionnaire - circle all that apply score out of 8 and the				
Does the patient Snore?				1 Points
Does the patient feel tired, fatigued or sleepy during the day time?				1 Points
Has anyone observed the patient stop breathing or choking/gasping during their sleep?				1 Points
Is the patient being treated for high blood pressure?				1 Points
Is the patient's BMI greater than 35?				1 Points
Is the patient's age 50 or older?				1 Points
Is the patient's neck circumference greater than 40cm?				1 Points
Is the patient's gender male?				1 Points
Total STOP BANG Score				Points
Sleep Assessment Tools				
OSA50 Screening Questions - circle all that apply Score out of 10 and the				If "yes" circle
Waist circumference* - Male > 102cm or Female > 88cm				3 Points
Snoring bothers others?				3 Points
Witnessed apnoeas?				2 Points
Age 50 or over?				2 Points
Total OSA50 Score				Points

*Waist measurement to be measured at the level of the umbilicus		
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Murdoch

4/6 Robson Way
Murdoch WA 6150

Midland

North St Medical Centre (Upstairs) 40 Great
Northern Highway (Cnr North St) Midland WA 6056

Wanneroo

Drovers Medical Complex (Upstairs)
14/1397 Wanneroo Road
WAnneroo WA 6065