

## **SLEEP STUDY REFERRAL**

Unit No.:	
Surname:	
Given Name:	
DOB:	Gender:
Address:	
Doctor:	Pension No.:
Admission Date:	entification label here, if available)

**Dr Peter Cistulli Dr Steven Lindstrom Dr Elizabeth Clark** 

Return Completed Form by Email Sleep.SGP@Ramsayhealth.com.au or

Fax (02) 9598 5682 Phone: (02) 9598 5573

This form is to be completed by the referring Doctor							
SECTION 1 - PATIENT I	DETAILS						
Title: Surn	ame: Given Names:						
Address:							
Date of Birth:/	_/ Sex:	emale					
Phone: (H)	(W)			(M) _			
Health Fund:	Membership Number:						
SECTION 2 - SLEEP ST	UDY ASSESSMENT						
For a Medicare subsidised Diagnostic sleep study a patient must score 8 or more on the Epworth Sleepiness Score (ESS)					Total S	Score: /24	
-	e off in the following situations?						
Sitting and reading		$\bigcirc$ 0	$\bigcirc$ 1	○2	Оз		
Watching television		$\bigcirc$ 0	$\bigcirc$ 1	○2	Оз	Use the following scale	
Sitting inactive, in a public	space	$\bigcirc$ 0	$\bigcirc$ 1	○2	Оз	to choose the most appropriate answer:	
Lying down to rest in the af	ternoon when circumstances permit	$\bigcirc$ 0	$\bigcirc$ 1	<b>○2</b>	$\bigcirc$ 3	0 - No chance	
Sitting & talking to someone	е	$\bigcirc$ 0	$\bigcirc$ 1	○2	Оз	1 - Slight chance	
Sitting quietly after a lunch	without alcohol	$\bigcirc$ 0	$\bigcirc$ 1	○2	Оз	2 – Moderate chance	
As a passenger in a car for	an hour without a break	$\bigcirc$ 0	$\bigcirc$ 1	<b>○2</b>	Оз	3 – High chance	
In a car, whilst stopped for	a few minutes in traffic	$\bigcirc$ 0	<b>O</b> 1	<b>2</b>	Оз		
For a Medicare Subsidised Diagnostic sleep study a patient must score 5 or more on the OSA 50 Score  Total Score:							
						Circle if Yes for Score:	
OBESITY	Waist circumference Male: >102cm (40 inches) Female: >88cm (34½ inches)	)				3	
SNORING	Has your snoring 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		

# **ELIGIBILITY FOR MEDICARE SUBSIDISED STUDY** Yes – Patient has qualified. Please fax or email referral for approval by a supervising sleep physician $\perp$ **No** – Patient is NOT eligible. Please fax or email referral for further options. Private Fees may apply.

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Surname:				
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Admission Date:				
(please affix Patient Identification label here, if available)				

St George Private Hospital	Address:			
SLEEP STUDY REFERRAL	Admission Da	octor: Pension No.: dmission Date: (please affix Patient Identification label here, if available)		
SECTION 3 – MEDICAL HISTORY / CONSIDI Please detail Relevant Medical History:	ERATIONS			
Cerebrovascular disease Hy	rdiomyopathy/CCF pertension spected respiratory	[ failure	Atrial fibrillation Diabetes Cognitive impairment	
<ul> <li>□ Diagnostic Study (12203)</li> <li>□ CPAP Study (Initial) (12204)</li> <li>□ CPAP Treatment Sleep Study (Review) (12205)</li> <li>□ Sleep Physician Consultation after the Study</li> <li>□ Sleep Physician Consultation prior to Study should ESS Score be &amp; the OSA 50 Score be &lt;5</li> </ul>				
Referring Doctor Details:	Referri	ng Doctor Detail	ls:	
Name of referring Doctor:				
Provider Number: Date:				
Referring Doctor Signature:				
Additional Reports to:	·			
Name:	Name:			
Address:	Address	:		

#### INFORMATION FOR PATIENTS HAVING A SLEEP STUDY

Please arrive at 6.30pm for your Sleep Study Please be punctual.

If you are running late, let us know by ringing (02) 9598 5555

#### What should I bring?

- Your medicare/repatriation card and your private health insurance details
- Comfortable night attire (preferably two piece pyjamas) All your usual medications - we do not keep any medications in the Sleep Laboratory. If you usually take night-time sedatives, bring them along too
- Your own pillow (if you wish)
- Personal toiletries
- A change of clothes if you wish for the next day
- Reading material
- Your CPAP/BIPAP Machine if you have one and your mask

### Where do I go?

On arrival at 6.30pm, go to the Ground Floor Reception Desk. After completing some paperwork, they will take you to the Sleep Laboratory.

## Where can I park?

Parking is available at the hospital at a reduced rate for Sleep Study patients

#### On Arrival

The sleep technician will arrive to set you up for the night and instruct you as to whether you need a shower before the study begins. If you have a beard please shave under your chin.

#### Medications

We do not keep any medications in the Sleep Laboratory. It is important to bring along your usual treatment. If you usually take night-time sedatives, bring them along too.

## Food & Drink

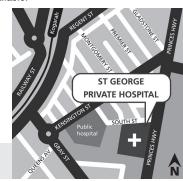
Dinner and a light breakfast will be provided.

#### **Accommodation**

Each patient has a private room with its own private bathroom facilities. Internet access and Foxtel are available.

#### St George Private **Sleep Laboratory**

St George Private Hospital 1 South Street Kogarah NSW 2217



Should you have any queries regarding your Sleep Study booking, please contact (02) 9598 5573

Created: May 2013 Version 7.0 Issue Date: November 2018 **BINDING MARGIN - DO NOT WRITE**