

*For Cardiology Services, please use our separate referral form

PATIENT NAME		
DATE OF BIRTH	GENDER M/F/NB	MEDICARE NO
ADDRESS		
POSTCODE	TELEPHONE (H)	MOBILE
SERVICES REQUESTED	CLINICAL DETAILS	
REFERRING DOCTOR DETAILS	COPIES TO	
DOCTOR SIGNATURE	RESULTS <input type="checkbox"/> Fax Report <input type="checkbox"/> Health Link Electronic Report	DATE (mandatory)

Medical practitioners can request our services online via www.sleepscope.com.au/ref

Referred for

- Sleep & Respiratory Consultation
- Lung Function Test (Combined Spirometry and Gas Transfer Factor) (17 years and older)
- Home-based Sleep Study (18 years and older) [MBS 12250] - For initial diagnostic purposes, claimable once per year Medicare Bulk Billing Requirements, the following questionnaires **MUST BE ANSWERED**:
Epworth Sleepiness Scale (ESS) ≥ 8 Points and STOP-BANG score: ≥ 3 Yes ticks

EPWORTH SLEEPINESS SCALE (ESS)

Enter the most appropriate number for each situation:

Situation	Chance of dozing (0-3)
1. Sitting and reading	<input type="checkbox"/>
2. Watching television	<input type="checkbox"/>
3. Sitting inactive in a public place (e.g. a theatre or a meeting)	<input type="checkbox"/>
4. As a passenger in a car for an hour without a break	<input type="checkbox"/>
5. Lying down to rest in the afternoon when circumstances permit	<input type="checkbox"/>
6. Sitting and talking to someone	<input type="checkbox"/>
7. Sitting quietly after lunch without alcohol	<input type="checkbox"/>
8. In a car, while stopped for a few minutes in traffic	<input type="checkbox"/>

STOP-BANG QUESTIONNAIRE

	YES	NO
1. SNORING: Do you snore loudly?	<input type="checkbox"/>	<input type="checkbox"/>
2. TIRED: Do you often feel tired, fatigued or sleepy during the daytime?	<input type="checkbox"/>	<input type="checkbox"/>
3. OBSERVED: Has anyone observed you stop breathing during your sleep?	<input type="checkbox"/>	<input type="checkbox"/>
4. BLOOD PRESSURE: Do you have or are you being treated for high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
5. BMI: Is your BMI more than 35kg/m ² ? (If unsure, please leave blank)	<input type="checkbox"/>	<input type="checkbox"/>
6. AGE: Are you over 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>
7. NECK CIRCUMFERENCE: Is your neck circumference greater than 40cm?	<input type="checkbox"/>	<input type="checkbox"/>
8. GENDER: Are you male?	<input type="checkbox"/>	<input type="checkbox"/>

*For Cardiology services, please use our online interactive referral form at www.heartscope.com.au/ref or download, print or request a referral pad at www.heartscope.com.au/referral-forms

Patient information

Bookings call: (03) 9560 7558 or 1800 202 111
Fax: (03) 8669 4575 (or scan the QR code opposite)

Please bring your referral form, Medicare card / DVA card / Concession card and medications list with you.



Please scan the QR code to request an appointment & upload your referral. We will contact you to arrange a suitable date for your appointment.
www.sleepscope.com.au/bookings

Dr Hari Wimalaswaran
MBBS, B.Physio, CCPU,
FRACP

Dr Rajiv Sharma
MBBS, FRACP

Dr Hamna Sahi
MBBS, FRACP

Dr Xun Li
MBBS, MD,
AMC, FRACP

Dr Vishnu Jeganathan
MBBS, FRACP

Your doctor has recommended that you use Sleepscope. You may choose another provider, but please discuss this with your doctor first.

SLEEP SCOPE CLINIC LOCATIONS			Sleep and Respiratory Consultation	Home-based Sleep Study	Lung Function Test
Location	Address	Postcode			
SOUTH EAST					
Wheelers Hill	Sleepscope Wheelers Hill	G1, 202 Jells Rd, Wheelers Hill 3150	●	●	●
Dandenong	Sleepscope Dandenong	40 Stud Rd, Dandenong 3175	●	●	●
Pakenham	Sleepscope Pakenham	2 McGregor Rd, Pakenham 3810		●	●
EAST					
Mooroolbark	Sleepscope Mooroolbark	Unit 1, 96 Manchester Rd, Mooroolbark 3138			●
NORTH					
Thomastown	Sleepscope Thomastown	113 High St, Thomastown 3074	●	●	●
Coolaroo	Sleepscope Coolaroo	L1, Unit 103, 1510 Pascoe Vale Rd, Coolaroo 3048		●	
WEST					
St Albans	Sleepscope St Albans	192 Furlong Road, St Albans 3021	●	●	●
Werribee	Sleepscope Werribee	245 Heaths Rd, Werribee 3030		●	●



How to prepare
Scan the QR code for information on preparing for your medical procedure.