

# Sleep & Respiratory Referral

\* For Cardiology Services, please use our Heartscope referral form

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

Medical practitioners can request our services online via [www.sleepscope.com.au/ref](http://www.sleepscope.com.au/ref)

## Referred for

- Respiratory Consultation (Including Lung Function Test)\*
  - Lung Function Test (Combined Spirometry and Gas Transfer Factor)\*
  - Spirometry (Pre - Bronchodilator)\*
  - Spirometry (Post - Bronchodilator)\*
  - Lung Volumes Test (Body Plethysmography)\*
  - Sleep Consultation
  - Home-based Sleep Study (18 years and older) [MBS 12250] - Claimable once per year.
- Medicare Bulk Billing Requirements, the following questionnaires **MUST BE COMPLETED**:  
 Epworth Sleepiness Scale (ESS) ≥ 8 Points and STOP-BANG score: ≥ 3 Yes ticks

**\*17 years and older**  
 Please turn over for preparation details

### EPWORTH SLEEPINESS SCALE (ESS)

Enter the most appropriate number for each situation:	Would never doze	0
	Slight chance of dozing	1
	Moderate chance of dozing	2
	High chance of dozing	3
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"/>	
<b>Total Score</b> (If your score is 8 Points or more, please complete the STOP-BANG questionnaire)	<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 <sup>2</sup> ? (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"/>
<b>Total Score</b> (3 ticks required to qualify)	<input type="checkbox"/>	

Note: To qualify for Medicare Bulk Billing, ESS score must be 8 points or more. The STOP-BANG must also be completed with a minimum of 3 YES ticks to qualify

## Patient information

Bookings call: 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](http://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
- Dr Calvin Sidhu** MBBS, FRACP
  **Dr Chris Lyne** BBiomed, MD, FRACP
  **Prof Peter Wark** BMed, MMed, PhD, FRACP, FThorSoc

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

SLEEPSCOPE CLINIC LOCATIONS			Sleep and Respiratory Consultation	Home-based Sleep Study	Lung Function Test	Lung Volumes Test
Location	Address	Services				
<b>SOUTH EAST</b>						
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		•	•	
Frankston	Sleepscope Frankston	194-196 Karingal Dr, Frankston VIC 3199			•	
<b>INNER CITY</b>						
Melbourne	Sleepscope Melbourne	Suite 10, Level 2. 517 St Kilda Road, Melbourne	•	•	•	
<b>NORTH</b>						
Lalor	Sleepscope Lalor	6 Messmate St, Lalor VIC 3075	•	•	•	
<b>WEST</b>						
St Albans	Sleepscope St Albans	192 Furlong Road, St Albans 3021	•	•	•	
Werribee	Sleepscope Werribee	245 Heaths Rd, Werribee 3030		•	•	
<b>EAST</b>						
Mooroolbark	Sleepscope Mooroolbark	Unit 1, 96 Manchester Rd, Mooroolbark 3138		•		

## Preparation

**Lung Function Test** (Spiro/Transfer Factor/Lung Volumes)

**Medication restrictions Do not take:**

- **At least 4 hours prior:** Ventolin, Airomir, Asmol, Bricanyl, unless you really feel you need it.
- **At least 12 hours prior:** Alvesco, Anoro, Atrovent, Beclomethasone, Breo, Breo-Ellipta, Bretaris, Brimica, Flixotide, Flutiform, Incruse, Onbrez, Oxis, Pulmicort, Salmeterol, Seebri, Seretide, Serevent, Singulair, Spiolto, Spiriva, Symbicort & Ultibro.
- **No smoking for at least 6 hours** prior to the test.

### Home-Based Sleep Study

- **Avoid** using any creams, moisturisers, or makeup on the day of the test.
- Wear **loose, comfortable clothes** suitable for sleeping to the appointment.
- **Remove** any nail polish from your fingers.
- **Shower** at home before arriving at the clinic.
- **Public transport** to and from the clinic is not recommended.



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

[www.sleepscope.com.au/prep](http://www.sleepscope.com.au/prep)