the lab
total health evaluation

Adult Sleep Study Referral

Dr Budhima Nanayakkara FRACP
Please e-mail referrals to:
reception@thelaborange.com.au

PATIENT DETAILS:

Title: Name:

Date of birth: Health fund:

Phone no:

Email address:

Referral for:

☐ Inpatient Sleep study – Complete Parts A, B & C
☐ Inpatient sleep study followed by consultation – Complete Parts A, B & C
☐ Home Sleep Study – Complete Parts A & C
☐ Home Sleep study followed by consultation – Complete Parts A & C

Part A: Clinical information (Attach any relevant correspondence please)

Part B: Screening for all referrals (Medicare requires at least 1 criterion for an inpatient sleep study)

☐ Unsuitable home environment for testing
☐ Suspected respiratory failure
☐ Neuromuscular disorders
☐ Advanced Respiratory disease
☐ Heart failure/ cardiac arrhythmia
☐ Sleep position related disorder
☐ Suspected parasomnia
☐ Cognitive impairment
☐ Suspected seizure disorder
☐ Suspected central sleep apnoea
☐ Distance to travel for sleep study
☐ Patient Preference
☐ Physical disability or inadequate carer attendance

Part C: Medicare requirements for referrals from non- respiratory & sleep specialists

Please complete the questionnaires overleaf. If the patient does not meet criterion (STOP BANG ≥ 3 AND ESS ≥8**)** then consultation with the sleep physician will be required prior to proceeding with the sleep study.

Sleep and respiratory physicians only

☐ Diagnostic review after clinical change
☐ Diagnostic review for sleep efficiency <25%
☐ CPAP titration study
☐ CPAP review study or other Treatment review study. Describe Treatment:___________________
☐ 20 min MWT
☐ 40 min MWT
☐ MSLT

REFERRING DOCTOR'S DETAILS:

Name: Date:

Practice: Provider no:

Signature:

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Stop Bang Questionnaire

	YES	NO
Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)?		
Do you often feel TIRED, fatigued, or sleepy during daytime?		
Has anyone OBESERVED you stop breathing during your sleep?		
Do you have or are you being treated for high blood PRESSURE?		
BMI more than 35 kg/m2?		
AGE over 50 years old?		
NECK circumference >40 cm?		
GENDER: Male?		
Total 'YES' Score	/8	

Epworth Sleepiness Scale (ESS) Questionnaire

How likely are you to doze when:

Situation	Never	Slight chance	Moderate chance	High chance
Sitting and Reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place, for example, a theatre or a meeting	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch when you've had no alcohol	0	1	2	3
In a car while stopped in traffic	0	1	2	3
Total Score	/24			