

ETHICAL SLEEP STUDIES REFERRAL

**PHONE 0436 141400**

**FAX 8431 4734 (for either clinic)**

info@ethicalsleepstudies.com.au

**Eastern Clinic**

240 Kensington Rd

Marryatville SA

**Western Clinic**

376 Grange Rd

Kidman Park SA

**Please send us this referral by email, fax or post, or drop it into one of the addresses above.**

**We will contact the patient to book the sleep study.**

Patient needs to be over 18 and not have had a sleep study for the past year. No gap will be charged. Patient to sleep in their own home after being wired in our clinics in the afternoon.

**Patient’s Name Date of Birth**

**Address Phone**

Please indicate other associated conditions

* Heart Disease
* Diabetes
* BMI>30
* Hypertension
* Atrial Fibrillation

Medications taken?

* Opiate
* Benzodiazepine
* Antipsychotic
* Antidepressant

Reason for Sleep Study STOP BANG

* Snoring Loudly? (louder than talking?)
* Often feel Tired, fatigued or sleepy during daytime?
* Observed Apnoeas?
* High Blood Pressure?
* BMI > 35kg/m2
* Age over 50?
* Neck circumference > 43cm M or >41cm F
* Gender Male?

Neck Cm = collar size

* **To the Sleep Specialist on the Ethical Sleep panel based on patient preference and waiting times**

 **OR**

* **I request the following sleep specialist to report and review the patient (charges for appointments vary)**
* Professor Brian Smith (Woodville, Kent Town, Parafield Gdns, Elizabeth)
* Dr Michelle Tan (Ashford, Parkside)
* Dr Paroma Sarkar (Thebarton)
* Dr Sarah Newhouse (Brighton)
* Dr Jien ni Cheng (Brighton)
* Dr Michael Chia (Kent Town, Elizabeth)
* Dr Sutapa Mukherjee (Adelaide city, Ridgehaven)
* Dr Carissa Yap (Kent Town, Brighton, Stirling)
* Dr Nur Sulaiman (Woodville, Norwood, Elizabeth)
* Dr Vanessa Tee (Parkside, Gawler)
* Dr Hooi Yap (Brighton, Northfield, Gawler)
* Dr Sanaz Lehman (Ashford)

**Referring Doctor – results will be sent back by Post / Fax / Email – please choose**

Doctor’s Name Email

Address Phone

Provider Number Fax

**SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF PATIENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_**

**OSA – 50**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Y / N** | **Points** |
| **Obesity**  | **Waist circumference\* Male >102cm or Female > 88cm** |  | **3** |
| **Snoring** | **Has your snoring ever bothered other people?** |  | **3** |
| **Apnoeas** | **Has anyone noticed that you stop breathing during your sleep?** |  | **2** |
| **50** | **Are you aged 50 years or over?** |  | **2** |
|  |  | **Total** | **\_\_\_/10** |

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

The Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations? Even if you have not done some of these things recently, please try to determine how they would have affected you.

Use the following scale to choose the most appropriate score for each situation:

***0 = would never doze***

***1 = slight chance of dozing***

***2 = moderate chance of dozing***

***3 = high chance of dozing***

 **SITUATION**  **SCORE**

|  |  |
| --- | --- |
| Sitting and reading |  |
| Watching TV |  |
| Sitting inactive in a public place (eg theatre or meeting) |  |
| A passenger in a car for an hour without a break  |  |
| Lying down to rest in the afternoon when circumstances permit |  |
| Sitting and talking to someone |  |
| Sitting quietly after lunch without alcohol |  |
| In a car while stopped for a few minutes in traffic |  |
|  Total | **\_\_\_\_\_\_\_/24** |

**Signed by :............................................................. Date:.......................**