

BREATHE
RESPIRATORY AND
SLEEP MEDICINE

Please fax referral to: (07) 4052 8060
Or email to: RSS.CAI@ramsayhealth.com
Medical Objects search: Daniel Judge, Breathe or Sleep
Breathe Respiratory and Sleep Medicine will contact your
patient with the next available appointment

PATIENT DETAILS:

Name: _____ Date of Birth: _____

Phone No: _____

Email Address: _____

CLINICAL NOTES:

REQUIRED

OPTION 1

Physician consultation
(Tick for specialist review and for the studies)

- Diagnostic sleep investigation
 CPAP titration study
 MAS / Positional therapy study

(No further information required. Please proceed to referring doctor's details)

OPTION 2

Diagnostic sleep study without physician review. Medicare requires:

- OSA 50 score of 5 or more (see back)
OR
 STOP-Bang score of 4 or more (see back)
OR
 High risk score on Berlin Questionnaire
(available online)
AND
 Epworth Sleepiness Scale score
of 8 or more (see back)

DO ANY OF THE FOLLOWING APPLY TO THE PATIENT?

- | | |
|--|---|
| <input type="checkbox"/> Heart failure | <input type="checkbox"/> Unexplained sleepiness |
| <input type="checkbox"/> Significant cardiac arrhythmias | <input type="checkbox"/> Possible movement disorder |
| <input type="checkbox"/> Neurological disease | <input type="checkbox"/> Possible sleep hypoventilation |
| <input type="checkbox"/> Acromegaly or hyperthyroidism | <input type="checkbox"/> Possible parasomnia |
| <input type="checkbox"/> Other significant medical comorbidities | <input type="checkbox"/> Possible central sleep apnoea |

Comments: _____

Other contraindication for outpatient studies:

Comments: _____

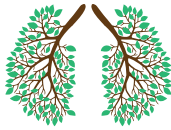
REFERRING DOCTOR'S DETAILS

Name: _____ Practice: _____

Address: _____ Provider No: _____

Signature: _____ Date: _____

Breathe Respiratory and Sleep Medicine | Dr Daniel Judge MBBS BSc FRACP
Ground Level, 144 Lake Street, Cairns QLD 4870
Phone: (07) 4052 8066 Fax: (07) 4052 8060 Email: RSS.CAI@ramsayhealth.com



OSA 50 SCREENING QUESTIONNAIRE

	If yes, SCORE
Obesity Waist circumference: Male >102cm or Females >88cm	3
Snoring Has your snoring ever bothered other people?	3
Apnoeas Has anyone noticed that you stop breathing during your sleep?	2
Age Are you aged of 50 years or over?	2
Total score	/10

STOP-BANG SLEEP APNOEA QUESTIONNAIRE

STOP

Do you **SNORE** loudly (louder than talking or loud enough to be heard through closed doors)? Yes No

Do you often feel **TIRED**, fatigued, or sleepy during the daytime? Yes No

Has anyone **OBSERVED** you stop breathing during your sleep? Yes No

Do you have or are you being treated for high blood **PRESSURE**? Yes No

BANG

BMI more than 35kg/m² Yes No

AGE over 50 years old? Yes No

NECK circumference > 16 inches (40cm)? Yes No

GENDER: Male? Yes No

Total score

High risk of OSA: Yes 5 - 8
Intermediate risk of OSA: Yes 3-4
Low Risk of OSA: Yes 0 - 2

EPWORTH SLEEPINESS SCALE

Use the following scale to choose the most appropriate number for each situation

- 0 = would never doze**
- 1 = slight chance of dozing**
- 2 = moderate chance of dozing**
- 3 = high chance of dozing**

It is important that you answer each question as best you can.

Situation

Chance
of dozing
0 - 3

Sitting and reading

Watching TV

Sitting, inactive in a public place
(e.g. a theatre or a meeting)

As a passenger in a car for an
hour with a break

Lying down to rest in the afternoon
when circumstances permit

Sitting and talking to someone

Sitting quietly after a lunch
without alcohol

In a car, while stopped for a few
minutes in the traffic