



# COASTAL

RESPIRATORY & SLEEP  
SPECIALISTS

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Tugun | Benowa | Southport | Pimpama

## RESPIRATORY AND SLEEP REFERRAL

### Patient Details

Name: \_\_\_\_\_ DoB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medicare:  DVA:  Defence:  WorkCover:  Private Health Insurance:  Yes  None

### Reason for Referral

- Respiratory Consult
- Occupational Consult
- Sleep Consult
- Sleep Consult PLUS Sleep Study
- Direct to Sleep Study  
(Please refer to MBS criteria below)

### Clinical Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next Available  Preferred Doctor: \_\_\_\_\_

### Lung Function Testing

- Comprehensive lung function (spirometry, diffusing capacity, body plethysmography +/- bronchodilator)
- Spirometry & Diffusing Capacity
- Spirometry Pre & Post Bronchodilator

## SLEEP STUDY

**Important:** To qualify for a direct Medicare subsidised home sleep study, your patient needs to score **3 or more on STOPBANG** and **8 or more on ESS**. If your patient does not qualify, please refer them for a **Sleep Consult PLUS Sleep Study**.

Patients must be 18 years or older for this service.

### STOPBANG

Please tick if applicable: tick = 1

- Does the patient snore loudly?
- Does the patient feel tired during the day time?
- Has anyone observed the patient to have stopped breathing during sleep?
- Is the patient being treated for high blood pressure?
- Is the patient's BMI greater than 35?
- Is the patient's age 50 or older?
- Is the patient's neck circumference greater than 40cm?
- Is the patient's gender male?

Total: \_\_\_\_\_ / 8

### EPWORTH SLEEPINESS SCALE (ESS)

How likely is the patient to doze off in the following scenarios:

	None (0)	Slight (1)	Mod (2)	High (3)
Sitting and Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting, inactive in a public place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being a passenger in a car for an hour without break	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lying down to rest in the afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting and talking to someone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting quietly after lunch without alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In a car while stopped for a few minutes in traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total: \_\_\_\_\_ / 24

### Referrer Details

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Provider No: \_\_\_\_\_ Signature: \_\_\_\_\_