



**Queensland
Government**

**Royal Brisbane and Women's Hospital
Department of Thoracic Medicine**

**SLEEP
REFERRAL**

(Affix patient identification label here)

URN:
 Family Name:
 Given Names:
 Address:
 Date of Birth: Sex: M F I
 Telephone:

Note: This is an interactive form that can be completed electronically or in hardcopy

If you would like to book your patient for a consultation with one of our Specialists or book your patient for a sleep study, please complete and fax this form to 1300 364 952. You can also email the completed referral form to mncpi_referral@health.qld.gov.au (external referrals). Our staff will contact your patient with the next available appointment.

Timing of referral: Urgent Semi-urgent Routine

Required:

- In laboratory / sleep unit based sleep study Portable (home based or on ward sleep study)
 Specialist consultation with Dr: (please complete for bulk billing – see overleaf)
 CPAP / Bilevel consultation
 QLD Health public PAP machine access (attach full diagnostic or treatment reports)

Clinical notes / clinical problem / reason for referral:

.....

Clinical signs / history:

- Respiratory failure Motor vehicle accident / sleepy driver / commercial driver / machine operator Comorbidities

Internal RBWH Referrals Only

Test to be performed as:
 Outpatient Inpatient
 Unit:
 Ward:
 Clinic:
 Phone:
 Fax:

Medicare Criteria — Please ask the patient the following questions and complete (STOP-Bang or OSA50) AND Epworth Sleepiness Scale

STOP-Bang¹: A score of ≥ 3

S – Do you SNORE loudly? (Louder than talking or to be heard through closed doors)	<input type="checkbox"/> Yes
T – Do you often feel TIRED, fatigued or sleepy in the daytime?	<input type="checkbox"/> Yes
O – Has anyone OBSERVED you stop breathing during your sleep?	<input type="checkbox"/> Yes
P – Do you have or are you being treated for high blood pressure?	<input type="checkbox"/> Yes
B – BODY Mass Index more than 35kg/m ² ?	<input type="checkbox"/> Yes
A – AGE over 50 years old	<input type="checkbox"/> Yes
N – NECK circumference greater than 43cm males / 41cm females	<input type="checkbox"/> Yes
G – Gender: MALE?	<input type="checkbox"/> Yes
Each positive response to be given a score of 1	TOTAL score:

OR

OSA50²: A score of ≥ 5

O – Obesity (3)	Waist circumference Male >102cm or Female >88cm
S – Snoring (3)	Has your snoring ever bothered other people?
A – Apnoea (2)	Has anyone noticed that you stop breathing during your sleep
50 (2)	Are you aged 50 years or over?
() = score	TOTAL score:

AND

Epworth Sleepiness Scale³ Questionnaire: A score of ≥ 8

Scenario	Tick one score for each scenario			
	0	1	2	3
Sitting and reading				
Watching television				
Sitting inactive in a public place (e.g. theatre or meeting)				
A passenger in a car for an hour without a break				
Lying down 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 score:			

For the 8 scenarios described at left, ask the patient how likely they are to doze off or fall asleep in that situation as opposed to feeling just tired.

Use the following scoring scale:
 0 = No chance of dozing
 1 = Slight chance of dozing
 2 = Moderate chance of dozing
 3 = High chance of dozing

Then total the scores.

REFERRING DOCTOR DETAILS (Please print before signing)

External	Internal
Referring Doctor:	Referring Consultant:
<input type="checkbox"/> GP <input type="checkbox"/> Specialist Provider number:	Department:
Practice name:	Medical Officer name:
Phone number: Fax number:	Phone number: Fax number:
Email address:	Pager:
Signature: Date:/...../.....	Signature: Date:/...../.....

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All clinical form creation and amendments must be conducted through Health Information Services

MR C 6056

V11.00 - 10/2021

Locally Printed



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¹ Chung F et al., Anaesthesiology 2008 & Br J Anaesth 2012. Used under licence, University Health Network, Toronto, Canada.

² Chai-Coetzer CL et al., Thorax 2011

³ Johns M Sleep 1991

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CLINICIANS

Sleep and Respiratory Medicine:

- Dr Farzad Bashirzadeh (Sleep and Respiratory)
- A/Prof Robert Boots (Sleep and Respiratory)
- Dr Geoffrey Fanning (Sleep and Respiratory)
- Associate Professor David Fielding (Respiratory – Director of Thoracic Medicine)
- Dr Michael Holt (Sleep and Respiratory)
- Dr Justin Hundloe (Sleep and Respiratory)
- Dr Michael Putt (Respiratory)
- Dr Dinithi Samaratunga (Sleep and Respiratory – Director of Sleep Medicine)

Psychology (Sleep)

Ms Elizabeth Hamernik

Interventional Bronchology

- Dr Farzad Bashirzadeh (Director of Bronchology)
- A/Prof Robert Boots
- Associate Professor David Fielding
- Dr Justin Hundloe
- Dr Michael Putt

Interstitial Lung Disease

- A/Prof Robert Boots
- Dr Chris Zappala

Nontuberculosis mycobacterium / Bronchiectasis

Dr Michael Holt

Pulmonary Hypertension

- A/Prof Robert Boots
- Dr Chris Zappala

ADDITIONAL INFORMATION

Please Note:

- RBWH sleep testing equipment meets Medicare Australia criteria for in laboratory and portable sleep testing. Our highly trained Sleep Scientists 'set-up' patients with the equipment to ensure optimal testing and highest quality data acquisition possible. 'Remote' fitting is available for selected patients.
- Portable sleep studies may not be suitable for all patients. Such studies will be undertaken on the discretion of the Respiratory and Sleep Physician authorising the test and in accordance with Medicare Australia guidelines.

CONTACT

DEPARTMENT OF THORACIC MEDICINE - SLEEP INVESTIGATION UNIT

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Royal Brisbane and Women's Hospital
Butterfield Street, HERSTON, QLD 4066

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Web: www.metronorth.health.qld.gov/rbwh/healthcare-services/thoracic-medicine

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