



**Queensland  
Government**

**Metro North Health**

**Sleep Disorders Centre  
Patient Referral**

For use at TPCH & Caboolture Satellite Hospital only

(Affix patient identification label here)

URN: \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Given Names: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  M  F  I  
 Phone (H): \_\_\_\_\_ (M): \_\_\_\_\_  
 Medicare: \_\_\_\_\_ Exp: \_\_\_\_\_  
 Pension: \_\_\_\_\_ Exp: \_\_\_\_\_

**Dr Deanne Curtin, Director Sleep Disorders Centre (SDC) TPCH**

Appointments are prioritised according to medical and occupational urgency (see over) and are usually booked with the next available doctor and appointment. There are no out of pocket expenses for all Private Practice Clinic appointments and subsequent investigations. If you would prefer your patient to be booked for a public, no Medicare billing appointment, please tick box

New Referral  Indefinite  Previous TPCH sleep patient ▶ Dr \_\_\_\_\_

**Referral Details**

**Referral Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- Diagnosis and management of sleep-disordered breathing
- Treatment initiation for confirmed sleep-disordered breathing
- Review of established therapy (CPAP/Bilevel/Other)  
*Attach recent reports and/or downloads*
- Patient undergoing 2-month CPAP trial to fulfil criteria for QH Sleep Disorders Program  
*Pensioner Concession Card (QLD) / Health Care Card holders only; details: <http://www.health.qld.gov.au/qhsdp/>*
- Diagnosis and management of other sleep disorder - details: \_\_\_\_\_

**Essential Patient Information**

Previous sleep investigations other than at TPCH:  Diagnostic  CPAP  Other  
*Please attach copies of results with this referral*

MVA or work-related accident due to sleepiness/inattention in last:  12 months  5 years

Dozing while driving in the last:  1-2 months  12 months

Occupation involving driving/heavy machine operation or work performance / employment at risk  
Current occupation: \_\_\_\_\_ Driver's licence type: \_\_\_\_\_

Epworth Sleepiness Scale (ESS): \_\_\_\_\_ / 24 *(complete both over page)*

OSA50: \_\_\_\_\_ / 10

Main symptoms/co-morbidities: \_\_\_\_\_

Management to date (e.g. CPAP, weight loss, MAS): \_\_\_\_\_

**Fax or email completed form to:**  
**Central Patient Intake (CPI)**  
 Fax: 1300 364 952  
 Email: [MNCPReferral@health.qld.gov.au](mailto:MNCPReferral@health.qld.gov.au)  
**General enquiries:**  
 Ph: (07) 3139 4803  
 Office Hours: 8:30am - 4:00pm

**REFERRING DOCTOR** Provider no: \_\_\_\_\_

Name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Ph: (B) \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

DO NOT WRITE IN THIS BINDING MARGIN





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(Affix patient identification label here)

URN:

Family Name:

Given Names:

Address:

Date of Birth:

Sex:  M  F  I

**Category 1**  
(appointment  
within 30 calendar  
days)

- Suspected or confirmed sleep apnoea with any of the following:
  - [Epworth Sleepiness Scale](#) score  $\geq 16$
  - dozing while driving at least 1-2/month
  - MVA or work-related accident related to sleepiness/inattention in last 12 months
  - unstable cardiovascular disease e.g. overt heart failure
- Suspected or confirmed sleep hypoventilation with any of the following:
  - progressive neuromuscular disorder
  - established daytime hypercapnia (as demonstrated on ABG (if performed))
  - diagnostic sleep investigation demonstrating mean sleep saturation 85-90% (Mean sleep saturation  $< 85\%$  should ideally be seen within 2 weeks)
- Unexplained hypersomnolence ([Epworth Sleepiness Scale](#) score  $\geq 16$ ) not attributed to inadequate sleep hygiene or environmental factors

**Category 2**  
(appointment  
within 90 calendar  
days)

- Suspected or confirmed sleep apnoea with any of the following:
  - [Epworth Sleepiness Scale](#) score 12-15
  - dozing while driving in last 12 months
  - MVA or work-related accident related to sleepiness/inattention in last 5 years
  - occupation involving driving / heavy machinery operation
  - significant comorbidities for example pulmonary hypertension, previous stroke, heart failure, significant cardiac arrhythmias, neurological disease, acromegaly or hypothyroidism
  - Respiratory Disturbance Index of  $\geq 30$  respiratory events per hour on diagnostic sleep investigation
- Suspected or confirmed narcolepsy
- Suspected or confirmed parasomnia or nocturnal seizures with injury to self or others
- Suspected or confirmed sleep-related movement disorder with injury to self or others
- Unexplained hypersomnolence ([Epworth Sleepiness Scale](#) score  $\geq 12$ ) not attributed to inadequate sleep hygiene or environmental factors

**Category 3**  
(appointment  
within 365  
calendar days)

- Suspected or confirmed sleep apnoea that do not meet criteria for Category 1 or 2 but still require specialist review
- Suspected or confirmed sleep disorders (other than sleep apnoea) that do not meet criteria for Category 1 or 2 but still require specialist review

Clinical Prioritisation Criteria (CPC) are clinical decision support tools that will help ensure patients referred for public specialist outpatient services in Queensland are assessed in order of clinical urgency - [https://metronorth.health.qld.gov.au/specialist\\_service/refer-your-patient/sleep-medicine](https://metronorth.health.qld.gov.au/specialist_service/refer-your-patient/sleep-medicine)

**Please complete both screening tools below to assist with prioritisation**

**OSA50**

Obesity: Waist circumference male  $> 102\text{cm}$ , female  $> 88\text{cm}$

Snoring: Has your snoring ever bothered people?

Apnoeas: Has anyone noticed that you stop breathing during sleep?

Age: Are you aged 50 years or over?

**If yes, score:**

**3**

**3**

**2**

**2**

**Score: / 10**

**Epworth Sleepiness Scale (ESS)**

How likely are you to doze off or fall asleep in the situations described in the box below, in contrast to feeling just tired?

This refers to your usual way of life in recent times (i.e. last 4 weeks). Even if you haven't done some of these recently, try to work out how they would have affected you.

Use the following scale to circle 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

**Score: / 24**

**SITUATION**

Sitting and reading

Watching TV

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

As a passenger in a car for 1 hour without 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

**Never Slight Moderate High**

0  1  2  3

0  1  2  3

0  1  2  3

0  1  2  3

0  1  2  3

0  1  2  3

0  1  2  3

0  1  2  3

DONOT WRITE IN THIS BINDING MARGIN