



Sleep and Respiratory Healthcare

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Respiratory and Sleep Disorders Physician

REFERRAL FORM

PLEASE FAX ALL REFERRALS

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Appointment _____ a.m. _____ / _____ / _____
p.m. _____ / _____ / _____

Your appointment is reserved especially for you.
Please note any cancellations with less than 24 hours notice may incur an administrative fee.

Patient's Details:

Name: _____ Date of Birth: _____ / _____ / _____

Address: _____ Telephone : _____

Suburb: _____ State: _____ Postcode: _____ Medicare No. _____

Private Health: Yes No

Clinical Notes: _____

HTN ATRIAL FIBRILLATION HEART DISEASE COPD ASTHMA LUNG NODULES CHRONIC COUGH BREATHLESSNESS

Doctor's Details:

Referring Doctor's Details: _____

Referring Doctor's Provider No: _____

Copies to: _____

Doctor's signature: _____ Date: _____ / _____ / _____

Our Services: Please tick one or multiple below as required

- Sleep Studies*: Home based sleep study Hospital based sleep study
*For direct sleep study referral please complete Epworth Sleepiness Scale (ESS) & STOP BANG questionnaire on reverse side. MBS Criteria for direct sleep study requires: ESS ≥ 8 & STOP BANG ≥ 4.
- Sleep Assessment: OSA / Narcolepsy / Parasomnias / Restless Legs Syndrome etc.
- Respiratory Assessment: COPD / Asthma / Lung Nodule / ILD / Bronchiectasis / Cough / Breathlessness etc.
- Lung Function Tests*: (See Instructions below)

A. <input type="checkbox"/> Spirometry and Gas Transfer (DLCO)	C. <input type="checkbox"/> Lung Volumes	E. <input type="checkbox"/> 6 Minute Walk Test
B. <input type="checkbox"/> Spirometry and FeNO	D. <input type="checkbox"/> Bronchoprovocation Challenge Test	F. <input type="checkbox"/> Oxygen Assesment

*If possible please refrain from using inhalers, smoking or vigorous exercise 24 hours before testing.
- Bronchoscopy / Endobronchial Ultrasound

Epworth Sleepness Scale

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

- | SITUATION: | CHANCE OF DOZING: (0-3) |
|---|--------------------------|
| 1. Sitting and Reading | <input type="checkbox"/> |
| 2. Watching Television | <input type="checkbox"/> |
| 3. Sitting inactive in a public place (e.g. a theatre or a meeting) | <input type="checkbox"/> |
| 4. As a passenger in a car for an hour without a break | <input type="checkbox"/> |
| 5. Lying down to rest in the afternoon when circumstances permit | <input type="checkbox"/> |
| 6. Sitting and talking to someone | <input type="checkbox"/> |
| 7. Sitting quietly after a lunch without alcohol | <input type="checkbox"/> |
| 8. In a car, while stopped for a few minutes in traffic | <input type="checkbox"/> |

STOP BANG Questionnaire:

- | | Yes | No | |
|---|--------------------------|--------------------------|---|
| 1 | <input type="checkbox"/> | <input type="checkbox"/> | SNORING:
Do you snore loudly? |
| 2 | <input type="checkbox"/> | <input type="checkbox"/> | TIRED:
Do you often feel tired, fatigued, or sleepy during the daytime? |
| 3 | <input type="checkbox"/> | <input type="checkbox"/> | OBSERVED:
Has anyone observed you stop breathing during your sleep? |
| 4 | <input type="checkbox"/> | <input type="checkbox"/> | BLOOD PRESSURE:
Do you have or are you being treated for high blood pressure? |
| 5 | <input type="checkbox"/> | <input type="checkbox"/> | BMI:
Is your BMI more than 35kg/m2 ? (If unsure please leave blank) |
| 6 | <input type="checkbox"/> | <input type="checkbox"/> | AGE:
Are you over 50 years old? |
| 7 | <input type="checkbox"/> | <input type="checkbox"/> | NECK CIRCUMFERENCE:
Is your neck circumference greater than 40cm? |
| 8 | <input type="checkbox"/> | <input type="checkbox"/> | GENDER:
Are you male? |

Our Locations:

HeartWest
153 Heaths Road
Hoppers Crossing VIC 3029
Ph.: 03 8721 0170
Fax: 03 8721 0164
email: admin@srhealthcare.com.au

HeartWest
30 & 30A East Esplanade
St. Albans VIC 3021
Ph.: 03 8721 0170
Fax: 03 8721 0164
email: admin@srhealthcare.com.au

Also consulting at:
Moonee Ponds Specialist Centre
827 Mt. Alexander Road
Moonee Ponds VIC 3039
Ph.: 03 9375 7735
Fax: 03 9372 0773
email: info@mpscentre.com.au

Epworth Hospital,
Geelong Sessional Consulting Suites
1 Epworth Place
Waurn Ponds VIC 3128
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