

Sleep Disorders Clinic Referral Guidelines for GPs

A Sleep Disorders Clinic is available at Western Health. To be able to accurately triage referrals for this clinic it is essential that specific clinical indicators are included in referrals. These indicators are outlined below and:

- can be included in the body of your referral or,
- you can print off this form, complete the details and attach it to your referral for the Sleep Disorders Clinic.

Referrals that do not contain the required information will be returned with a request for more information.

PLEASE NOTE if using this form it must be attached to a referral.

Patient Name:

Patient DOB:

GP Name:

PATIENT ELIGIBILITY

The clinic performs comprehensive tests for diagnosis of sleep disorders including:

- sleep apnoea syndromes
- parasomnias
- narcolepsy
- hypersomnias

Consultant

Dr Anne Marie Southcott
Dr Simon Frenkel
Dr James Bartlett
Dr Lata Jayaram
Dr Mark Lavercombe
Dr Melissa Yang

Epworth sleepiness score (ESS) and STOPBANG Questionnaire are now mandatory for Direct Access Sleep Studies. Please complete both ESS (p1) and Stop Bang (p2) and submit.

Epworth sleepiness score 0= would *never* doze or sleep; 1 = *slight* chance of dozing or sleeping; 2 = *moderate* chance of dozing or sleeping; 3 = *high* chance of dozing or sleeping

Situation	Chance of dozing or sleeping
Sitting and reading	_____
Watching TV	_____
Sitting inactive in a public place	_____
Being a passenger in a motor vehicle for an hour or more	_____
Lying down in the afternoon	_____
Sitting and talking to someone	_____
Sitting quietly after lunch (no alcohol)	_____
Stopped for a few minutes in traffic while driving	_____
Total score (add the scores up)	_____

Suspected diagnosis

Sleep apnoea Narcolepsy RLS Insomnia Other (specify) _____

Occupational or driving risk Yes No

Comorbidities

Cardiovascular Renal Neurological Other (specify) _____

REFERRAL REQUIREMENTS

- Please include reasons for referral, current medications, investigation results and any relevant imaging
- Referrals must include the consultant's name
- Specific clinical information must be included with referral
- Ensure patient details are current and correct
- Provide your provider number and the patient's Medicare number
- Use of the [Western Health General Outpatient Referral Form](http://www.westernhealth.org.au/HealthProfessionals/ForGPs/Pages/Referrals-to-Western-Health.aspx) is strongly encouraged

Fax referrals to 8345 6856

CONTACTS

GPs may contact the Respiratory Registrar via the Western Health Switchboard on 8345 6666

Please note referrals that do not provide adequate information for triaging may be returned with a request for further information. Western Health Outpatients strongly encourage the use of the Western Health General Outpatient Referral Form. Copies can be downloaded from: <http://www.westernhealth.org.au/HealthProfessionals/ForGPs/Pages/Referrals-to-Western-Health.aspx>.

STOP BANG Questionnaire

Name _____ Age _____

Height _____ cms Weight _____ kgs. BMI _____

Collar size of shirt: (circle) S M L XL or Neck circumference _____ cm

Snoring: Do you snore loudly (louder than talking or loud enough to be heard through closed doors)?

Yes No

Tired: Do you often feel tired, fatigued, or sleepy during the day?

Yes No

Observed: Has anyone observed that you stop breathing during your sleep?

Yes No

Blood pressure: Do you have or are you being treated for high blood pressure?

Yes No

BMI more than 35 kg/m²?

Yes No

Age over 50 years?

Yes No

Neck circumference greater than 40 cm?

Yes No

Gender, male?

Yes No

High risk of obstructive sleep apnea = answering "yes" to 3 or more questions

Low risk of obstructive sleep apnea = answering "yes" to less than 3 questions

Adapted from:

STOP Questionnaire: A Tool to Screen Patients for Obstructive Sleep Apnea

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