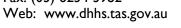


Tasmanian Health Service

ROYAL HOBART HOSPITAL

GPO Box 1061, HOBART TAS 7001, Australia

Ph: (03) 6166 0000 Fax: (03) 6234 3982





RHH Sleep Clinic Referral

Patient Details						
Name:			Telephone 1:			
Address:			Telephone 2:			
			DOI	_		
Health Care Card			Nocturnal hypeventilation/			
Number			Respiratory failure			
Clinical History						
Medical Co-Morbidities (Please complete as appropriate)						
Height (cm) =	Type 2 diabetes Stroke/TI	Oth	ner Co-Mo	orbidit	ies:	
Weight (kg) =	☐ Atrial Flutter ☐ COPD					
BMI (kg/m2) =	☐ Cardiac Failure ☐ Commercia					
Driver						
Epworth Sleepiness Scale			Referring Doctor			
How likely are you to doze off or fall asleep in the following situations?			Nam	ie:		
Use the following scale to choose the most appropriate number:			Prov	ider#		
	2 3	╗	Unit			
no chance slight chance moderate chance high chance			Sign	sturo		
			Signature: Phone:			
Sitting and reading 0 1 2 3						
Watching television 0 1 2 3 Sitting inactive, in a public space 0 1 2 3			Date	e:		
Lying down to rest in the afternoon when circumstances permit 0 1 2 3						
Sitting and talking to someone 0 1 2 3				DI.		
Sitting quietly after a lunch without alcohol 0 1 2 3				Ple	ase fax this referral to	
As a passenger in a car for an hour without a break 0 1 2 3				RH	IH Outpatient Clinics:	
In a car, while stopped for a few mi	nutes in traffic 0 1 2 3	_			6234 3982	
	Total Score:				0234 3302	
STOP-Bang Questionnaire			- 1			
Please answer the following questions b	y checking "yes" or "no" for each one	Yes □			Outpotiont Use Only	
					Outpatient Use Only	
Observed Apnea (Has anyone observed that you stop breathing, or choke or			_			
grasp during your sleep?)						
High Blood P ressure (Do you have or are you being treated for high blood pressure?)						
BMI (Is your body mass index more than 35kg per m2?)						
Age (Are you older than 50 years?)						
Neck Circumference (Is your neck circumference greater than 40 cm [15.75 inches]?)						
Gender (Are you male?)						

FAQ (Frequently asked questions) RHH Sleep Clinic Sheet May 2019

Which patients should be referred and will be accepted by the clinic?

Patients with the following current concession cards will be triaged and managed in the RHH sleep clinic - Health Care Card, Commonwealth Seniors Health Card. The CRN number from the patient's valid government card will need to be included on all referrals-see below.



What additional referral information is required?

In line with the national referral standards and changes to the Medicare Benefits Schedule, the following clinical information will be required for all patients:

Validated OSA screening questionnaire: STOP-BANG score

AND

Epworth Sleepiness Scale score

See - RHH Sleep Clinic Referral Template

See - "Changes to diagnostic sleep services for sleep disorders" 4 February 2019

Australian Government –Department of Health

Why is the additional referral information required?

As part of the national MBS review and in line with the local referral template and clinical resources the additional information provides:

- Better identification of patients for direct access to expedited home sleep studies
- Better triage of patients to the most suitable test
- Better triage of patients based on clinical urgency
- Better describing the circumstance when repeat testing may have clinical value
- Medicare item number referral requirements for funding

Date issued: 15 May 2019



