



Tasmanian Health Service

ROYAL HOBART HOSPITAL

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RHH Sleep Clinic Referral

Patient Details

Name: Telephone 1:

Address: Telephone 2:

DOB:

Health Care Card Number Nocturnal hypoventilation/
Respiratory failure Yes No

Clinical History

Medical Co-Morbidities (Please complete as appropriate)

Height (cm) = Type 2 diabetes Stroke/TIA

Weight (kg) = Atrial Flutter COPD

BMI (kg/m²) = Cardiac Failure Commercial Driver

Other Co-Morbidities:

Epworth Sleepiness Scale

How likely are you to doze off or fall asleep in the following situations?
Use the following scale to choose the most appropriate number:

0	1	2	3
no chance	slight chance	moderate chance	high chance

Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive, in a public space	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after a lunch without alcohol	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

Total Score:

Referring Doctor

Name:

Provider#

Unit:

Signature:

Phone:

Date:

Please fax this referral to
RHH Outpatient Clinics:
6234 3982

STOP-Bang Questionnaire

Please answer the following questions by checking "yes" or "no" for each one

	Yes	No
Snoring (Do you snore loudly?)	<input type="checkbox"/>	<input type="checkbox"/>
Tiredness (Do you often feel tired, fatigued, or sleepy during the daytime?)	<input type="checkbox"/>	<input type="checkbox"/>
Observed Apnea (Has anyone observed that you stop breathing, or choke or grasp during your sleep?)	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure (Do you have or are you being treated for high blood pressure?)	<input type="checkbox"/>	<input type="checkbox"/>
BMI (Is your body mass index more than 35kg per m ² ?)	<input type="checkbox"/>	<input type="checkbox"/>
Age (Are you older than 50 years?)	<input type="checkbox"/>	<input type="checkbox"/>
Neck Circumference (Is your neck circumference greater than 40 cm [15.75 inches]?)	<input type="checkbox"/>	<input type="checkbox"/>
Gender (Are you male?)	<input type="checkbox"/>	<input type="checkbox"/>

Outpatient Use Only

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