



# NORTH BRISBANE

SLEEP AND THORACIC

Dr James Douglas  
MBBS (Hons), FRACP  
Sleep and Thoracic Physician

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MBBS, FRACP  
Sleep and Thoracic Physician

FOR APPOINTMENTS CALL

1300 391 820

## SLEEP STUDY & LUNG FUNCTION REFERRAL

To qualify for a **bulk billed** study, all components of the request must be completed and returned by **FAX (07) 3036 6094**

NAME: \_\_\_\_\_ D.O.B: / /

MEDICARE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

### SECTION 1: Service Requested (please tick)

**Diagnostic Sleep Study prior to Sleep Physician Consultation** (conditions apply- see section 3, 4 & 5).

**Sleep Physician Consultation**    **Pre Sleep Study**    **Post Sleep Study**

**CPAP Sleep Study.** For a **bulk billed** sleep study, patient must have Sleep Physician consultation prior.

**PostTherapeutic Intervention** – e.g. upper airway surgery, oral appliance, > 10 % weight loss, positional therapy, etc. For a **bulk billed** sleep study, patient must have Sleep Physician consultation prior.

- Dr Douglas
- Dr Fiene
- Next available

### SECTION 2: Lung Function Referral

Comprehensive Lung Function (spirometry, diffusing capacity and absolute lung volumes)

Full Lung Function (spirometry, diffusing capacity)

Spirometry

Bronchodilator Response

**Consultation:**    Dr Douglas    Dr Fiene    Next available

### PLEASE NOTE

THE QUESTIONNAIRE ON PAGE 2 MUST BE COMPLETED BY THE DOCTOR OR PATIENT TO ENABLE A BOOKING TO BE MADE.

### SECTION 3: Clinical History

\_\_\_\_\_  
\_\_\_\_\_

REFERRING DOCTOR: \_\_\_\_\_ PROVIDER NO: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: / / CC: \_\_\_\_\_

PATIENTS NAME: \_\_\_\_\_

D.O.B: / / \_\_\_\_\_

### SECTION 4: Diagnostic Sleep study

Pre-screening for high probability for symptomatic moderate to high OSA. To access a **bulk billed** sleep study prior to a sleep physician consultation, a patient must have an **OSA-50 Score  $\geq 5$  AND Epworth Sleepiness Scale score  $\geq 8$ .**

Please complete the following questionnaires:

#### OSA-50 Question

|  |   |                       |
|--|---|-----------------------|
| • Is waist circumference > 102 cm if male or > 88 cm if female | 3 |                       |
| • Has the patient's snoring ever bothered other people?        | 3 |                       |
| • Has anyone reported apnoeas during the patient's sleep?      | 2 |                       |
| • Is the patient over 50 years of age?                         | 2 | Total for OSA-50_____ |

**Epworth Sleepiness Scale** score (Rate 0-3 to indicate chance of dozing under the circumstances below (0 Unlikely, 1 slight, 2 Moderate & 3 Highly likely). Score range = 0 to 24.

|   |   |   |   |                    |
|---|---|---|---|--------------------|
| Sitting & reading   | 0 | 1 | 2 | 3                  |
| Watching TV   | 0 | 1 | 2 | 3                  |
| Passenger in a car trip greater than 1 hour                   | 0 | 1 | 2 | 3                  |
| Sitting and talking to someone                                | 0 | 1 | 2 | 3                  |
| Sitting inactive in public (meeting or theatre)               | 0 | 1 | 2 | 3                  |
| Lying down to rest in the afternoon when circumstances permit | 0 | 1 | 2 | 3                  |
| Sitting after lunch without alcohol                           | 0 | 1 | 2 | 3                  |
| In a car stopping in traffic for a few minutes                | 0 | 1 | 2 | 3                  |
|   |   |   |   | Total for ESS_____ |

### SECTION 5: Suitability for Home Diagnostic Study

Does the patient have any of the following conditions below?

**If YES**, please tick **all** that are applicable. If any are present, the patient is **not suitable** for a home study.

Other factors may also result in home studies being unsuitable.

**If NONE** of the conditions below are present, please tick

- Unexplained sleepiness (not due to environment/ sleep hygiene)
- Suspected central sleep apnoea syndrome
- Suspected sleep hypoventilation syndrome
- Significant cardiac arrhythmias / heart failure
- Neurological disease likely (especially neuromuscular disease)
- Acromegaly or hypothyroidism
- Advanced respiratory disease
- Possible parasomnia or seizure disorder
- Previous failed or inconclusive home study
- Where recording of body position is considered essential
- Unsuitable for home study. State reason:

OSA-50 score  $\geq 5$  and ESS  $\geq 8$  AND None of the criteria in SECTION 5 applicable:

**Bulk billed home study without prior sleep consultation**

OSA-50 score  $\geq 5$  and ESS  $\geq 8$  AND Any one of the criteria in SECTION 5 applicable:

**Patient can proceed to a Bulk Billed in lab study**

OSA-50 score < 5 or ESS < 8: **Patient must proceed to a sleep physician consultation prior to a sleep study OR may access a non-Medicare rebated sleep study**

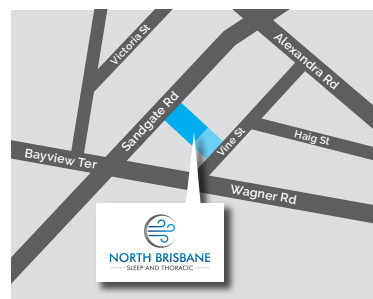
## CLINIC LOCATIONS



### NORTH LAKES

Lakelands Medical Precinct, Gregor Street West (opp. Ambulance station) North Lakes QLD 4509

Parking is via Gregor Street West



### CLAYFIELD

Suite 4/14 Vine Street, (Parking Onsite) Clayfield, QLD 4011

Parking at rear via Vine Street