



ASHFORD
CARDIAC CLINIC



ASHFORD
SLEEP CLINIC

REFERRAL FOR CARDIAC AND SLEEP SERVICES

TO DOCTOR

PATIENT NAME	DOB		
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ADDRESS	TELEPHONE
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PERIOD OF REFERRAL (MONTHS)	<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 12	<input type="checkbox"/> INDEFINITE	MEDICARE NUMBER
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REASON FOR REFERRAL

- | | |
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| <ol style="list-style-type: none"> CARDIOLOGY CONSULTATION POTS CONSULTATION & ASSESSMENT ECHOCARDIOGRAPHY BLOOD PRESSURE MONITORING HOLTER MONITOR (24HR ECG) 12 LEAD ECG WITH REPORT | <ol style="list-style-type: none"> REPORT ON ECG EXERCISE STRESS ECHOCARDIOGRAM DOBUTAMINE STRESS ECHOCARDIOGRAM HOME SLEEP STUDY AND CONSULTATION
<small>(Sleep Physician will complete sleep test screening questionnaires)</small> SLEEP PHYSICIAN CONSULTATION |
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REPORT TO BY SENT BY HealthLink: EDI ashcardi MAIL OR FAX TO:

REFERRING DOCTOR

PROVIDER NUMBER	TELEPHONE	FACSIMILE
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ADDRESS

SIGNATURE	DATE		
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Associate Professor Sam Lehman | Dr Sanaz Lehman | Dr Brendan Dougherty
 Dr Andrew Markwick | Dr Fahd Chahadi | Dr Varun Malik | Dr Andrew Russell
 50 Marlestone Ave, Ashford SA T | 08 8371 2111 F | 08 8371 2822 ashfordcardiac.com.au
 1st Floor, 57 Wellington Rd, Mt Barker SA T | 08 8371 2155 F | 08 8371 2122 admin@ashfordcardiac.com.au
 This form may be used for the provider of your choice HealthLink: EDI ashcardi



Name:		Age:	
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Epworth Sleepiness Scale Test

How likely are you to doze off or fall asleep in the situations described below, in contrast to feeling just tired? This refers to your usual way of life during recent times. Even if you haven't done some of these things recently, try to work out how they would have affected you.

SITUATION	NEVER	SLIGHT	MODERATE	HIGH
	0	1	2	3
Sitting and reading				
Watching TV				
Sitting, inactive in a public place (e.g. a theatre or a meeting)				
As a passenger in a car for an hour without break				
Lying down to rest in the afternoon when circumstances permit				
Sitting and talking to someone				
Sitting quietly after a lunch without alcohol				
In a car while stopped for a few minutes in traffic				
TOTAL SCORE			/24	

Score 8 or above for Medicare funded sleep study

STOPBANG

YES NO

SNORE loudly?		
TIRED , fatigued or sleepy during the daytime?		
OBSERVED holding breath or stopping breathing during sleep?		
Have or are you being treated for high blood PRESSURE ?		
BMI > 35kg/m ² ?		
AGE over 50?		
NECK circumference > 16 inches (40cm)?		
GENDER : Male?		
TOTAL SCORE	/8	

Score 3 or above for Medicare funded sleep study

OSA50

YES NO

OBESITY	Waist circumference: Males > 102cm Females > 88cm	3	0
SNORING	Snoring ever bothered other people?	3	0
APNEAS	Anyone noticed that you stop breathing during your sleep?	2	0
AGE	Are you aged 50 years or over?	2	0
TOTAL SCORE		/10	

OR Score 5 or above for Medicare funded sleep study

If patient does not meet screening criteria a bulk-billed sleep study may still be available if indicated by a Sleep Physician