



ASHFORD  
CARDIAC CLINIC



ASHFORD  
SLEEP CLINIC

### REFERRAL FOR CARDIAC AND SLEEP SERVICES

TO DOCTOR

PATIENT NAME DOB | |

ADDRESS TELEPHONE

PERIOD OF REFERRAL (MONTHS)  3  6  12  INDEFINITE MEDICARE NUMBER

REASON FOR REFERRAL

<input type="radio"/> 1. CARDIOLOGY CONSULTATION	<input type="radio"/> 7. REPORT ON ECG
<input type="radio"/> 2. POTS CONSULTATION & ASSESSMENT	<input type="radio"/> 8. EXERCISE STRESS ECHOCARDIOGRAM
<input type="radio"/> 3. ECHOCARDIOGRAPHY	<input type="radio"/> 9. DOBUTAMINE STRESS ECHOCARDIOGRAM
<input type="radio"/> 4. BLOOD PRESSURE MONITORING	<input type="radio"/> 10. <b>HOME SLEEP STUDY AND CONSULTATION</b> <small>(Sleep Physician will complete sleep test screening questionnaires)</small>
<input type="radio"/> 5. HOLTER MONITOR (24HR ECG)	<input type="radio"/> 11. SLEEP PHYSICIAN CONSULTATION
<input type="radio"/> 6. 12 LEAD ECG WITH REPORT	

REPORT TO BY SENT BY  HealthLink: EDI ashcardi  MAIL OR  FAX TO:

REFERRING DOCTOR

PROVIDER NUMBER TELEPHONE FACSIMILE

ADDRESS

SIGNATURE DATE | |

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](http://ashfordcardiac.com.au)  
 1<sup>st</sup> Floor, 57 Wellington Rd, Mt Barker SA T | 08 8371 2155 F | 08 8371 2122 [admin@ashfordcardiac.com.au](mailto:admin@ashfordcardiac.com.au)

This form may be used for the provider of your choice HealthLink: EDI ashcardi



<b>Name:</b>	<b>Age:</b>
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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				
<b>TOTAL SCORE</b>				<b>/24</b>

*Score 8 or above for Medicare funded sleep study*

## STOPBANG

YES NO

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

*Score 3 or above for Medicare funded sleep study*

## OSA50

YES NO

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

*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**