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

- ☐ 1. CARDIOLOGY CONSULTATION
- ☐ 2. POTS CONSULTATION & ASSESSMENT
- ☐ 3. ECHOCARDIOGRAPHY
- ☐ 4. BLOOD PRESSURE MONITORING
- ☐ 5. HOLTER MONITOR (24HR ECG)
- ☐ 6. 12 LEAD ECG WITH REPORT
- ☐ 7. REPORT ON ECG
- ☐ 8. EXERCISE STRESS ECHOCARDIOGRAM
- ☐ 9. DOBUTAMINE STRESS ECHOCARDIOGRAM
- ☐ 10. **HOME SLEEP STUDY AND CONSULTATION**
  (Sleep Physician will complete sleep test screening questionnaires)
- ☐ 11. SLEEP PHYSICIAN CONSULTATION

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

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

SLEEP STUDY QUESTIONNAIRE

ASHFORD SLEEP CLINIC

COMPLETE SLEEP CARE

Name:		Age:	

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

We are now able to receive and send electronic reports/referrals securely via Health Link to our EDI **ashcardi**.

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