Nepean LUNG & SLEEP — Sleep Study Referral Form

Patient Name: _____ DOB: ____/____/_____
Address: _____ Postcode: _____
Telephone/Mobile: _____ Gender: _____
Email Address: _____ ☐ Uninsured ☐ Private Fund ☐ DVA
Medicare N.o: _____ Membership N.o: _____

Patient History

☐ Cardiovascular history – Details: _____
☐ Respiratory history – Details: _____
☐ Other medical problems – Details: _____
☐ Special assistance required – Details: _____

Provisional Diagnosis (reason for test):

☐ Obstructive Sleep Apnoea ☐ Restless Leg Syndrome ☐ REM Behavior Disorder ☐ Insomnia
☐ Central Sleep Apnoea ☐ Parasomnias ☐ Narcolepsy
☐ Other _____

Stop Bang Score:_____ or OSA50:_____ AND Epworth Sleepiness Scale:_____

Requested Procedure(s)

☐ Diagnostic Sleep Study (Level 1) – *Reason for lab vs home*:_____

☐ $C0_2$ monitoring ☐ Oral appliance ☐ Positional Device ☐ Other: _____

☐ Home Sleep Apnoea Test – (level 2)

☐ Overnight oximetry – (Level 3)

☐ Pressure Determination/review study ☐ $C0_2$ monitoring

☐ CPAP – Pressures(s): _____

☐ BiPAP – Pressure(s): _____

☐ Actigraphy – ☐ 7 Days ☐ 14 Days

☐ Nocturnal polysomnogram + Multiple Sleep Latency Test (MSLT) - ☐ With PAP: _____

☐ Nocturnal polysomnogram + Maintenance of Wakefulness Test (MWT)- ☐ With PAP: _____

Other testing requirements: ☐ Supplemental 0_2 _____L/min ☐ Arterial Blood Gases (AM & PM)

Referring Doctor's Details:

Please stamp/insert details (Including Provider n.o):

Date: ____/____/_____

Signature:

Office use only:
☐ NPH ☐ Derby St
Test date will be confirmed directly with the patient We may contact you for further details if required.
Please fax your completed request to Nepean Lung & Sleep on 02 4722 5386
or email reception@nepeanlungandsleep.com.au
Office: 28 Derby St Kingswood 2747

The following is extracted directly from the MBS website: http://www.mbsonline.gov.au

Item 12203 (Laboratory diagnostic sleep study)

The overnight diagnostic assessment is performed to investigate:

(i) suspected obstructive sleep apnoea syndrome where the patient is assessed as not suitable for an unattended sleep study; or

(ii) suspected central sleep apnoea syndrome; or

(iii) suspected sleep hypoventilation syndrome; or

(iv) suspected sleep-related breathing disorders in association with non-respiratory co-morbid conditions including heart failure, significant cardiac arrhythmias, neurological disease, acromegaly or hypothyroidism; or

(v) unexplained hypersomnolence which is not attributed to inadequate sleep hygiene or environmental factors; or

(vi) suspected parasomnia or seizure disorder where clinical diagnosis cannot be established on clinical features alone (including associated atypical features, vigilance behaviours or failure to respond to conventional therapy); or

(vii) suspected sleep related movement disorder, where the diagnosis of restless legs syndrome is not evident on clinical assessment

Attended versus unattended sleep studies

Unattended sleep studies are suitable for many patients with suspected OSA but patients with other sleep disorders should undergo an attended study. Assessment for potential contraindications to an unattended sleep study can be undertaken by either the referring practitioner, qualified adult sleep medicine practitioner or consultant respiratory physician. Standardised referrals should request sufficient information to enable such assessment.

In accordance with the Australasian Sleep Association's Guidelines for Sleep Studies in Adults, relative contraindications for an unattended sleep study to investigate suspected OSA include but are not limited to:

(a) intellectual disability or cognitive impairment;

(b) physical disability with inadequate carer attendance;

(c) significant co-morbid conditions including neuromuscular disease, heart failure or advanced respiratory disease where more complex disorders are likely;

(d) suspected respiratory failure where attended measurements are required, including measurement of carbon dioxide partial pressures;

(e) suspected parasomnia or seizure disorder;

(f) suspected condition where recording of body position is considered to be essential and would not be recorded as part of an unattended sleep study;

(g) previously failed or inconclusive unattended sleep study;

(h) unsuitable home environment including unsafe environments or where patients are homeless; and

(i) consumer preference based on a high level of anxiety about location of study or where there is unreasonable cost or disruption based on distance to be travelled, or home circumstances.