



Peninsula Health
Sleep Laboratory & Clinic
A/Prof David Langton
Department of Thoracic Medicine

**REFERRAL IN-LAB
SLEEP STUDY (Generic)**
Phone (03) 9788 1705
Fax: 9788 1875

UR NUMBER
SURNAME
GIVEN NAMES
POSTAL ADDRESS
PHONE NUMBER
DATE OF BIRTH GENDER
Please fill in if no Patient Label available

App.29/10/18 Print Code:16172

Referrer Details

Name of Referring Dr (print): Date of Referral: / /

Signature: Phone No:

Provider Number (mandatory)

Referrals without a valid Medicare provider number from the referring doctor cannot be processed

Copies to:

| OVERNIGHT ADMISSION | Probable Diagnosis | | | |
|--|--|--|---|--|
| Type of overnight study: | <input type="checkbox"/> Obstructive Sleep Apnoea | <input type="checkbox"/> Narcolepsy | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Sleep Physician review suggested before test </div> | |
| <input type="checkbox"/> Diagnostic Study | <input type="checkbox"/> Central Sleep Apnoea | <input type="checkbox"/> Parasomnia/Insomnia | | |
| <input type="checkbox"/> CPAP Review (with own pump) | <input type="checkbox"/> Nocturnal Hypoventilation | <input type="checkbox"/> Other | | |
| | <input type="checkbox"/> PLM / Restless Legs | | | |

Epworth Sleepiness Scale (ESS) (must be completed by the referring doctor) = / 24

| STOP BANG Questionnaire (must be completed by the referring doctor) | | | | |
|--|---|-----|----|--|
| 1. Snoring | Do you snore loudly (louder than talking or loud enough to be heard through closed doors)? | Yes | No | |
| 2. Tired | Do you often feel tired, fatigued, or sleepy during daytime? | Yes | No | |
| 3. Observed | Has anyone observed you stop breathing during your sleep? | Yes | No | |
| 4. Blood pressure | Do you have or are you being treated for high blood pressure? | Yes | No | |
| 5. BMI | BMI more than 35 kg/m ² ? | Yes | No | |
| 6. Age | Age over 50 yr old? | Yes | No | |
| 7. Neck circumference | Neck circumference greater than 40 cm? | Yes | No | |
| 8. Gender | Gender male? | Yes | No | |

Follow up in CPAP Clinic (During the day)

| | |
|--|---|
| Type of appointment: | Referral to Sleep Apnoea Clinic: Yes No |
| <input type="checkbox"/> Set up | |
| CPAP pressure cmH ₂ O or as per CPAP study | Attn: A/Prof David Langton Department of Thoracic Medicine |
| <input type="checkbox"/> Review | |

ALL REFERRALS MUST BE FAXED TO 9788 1875

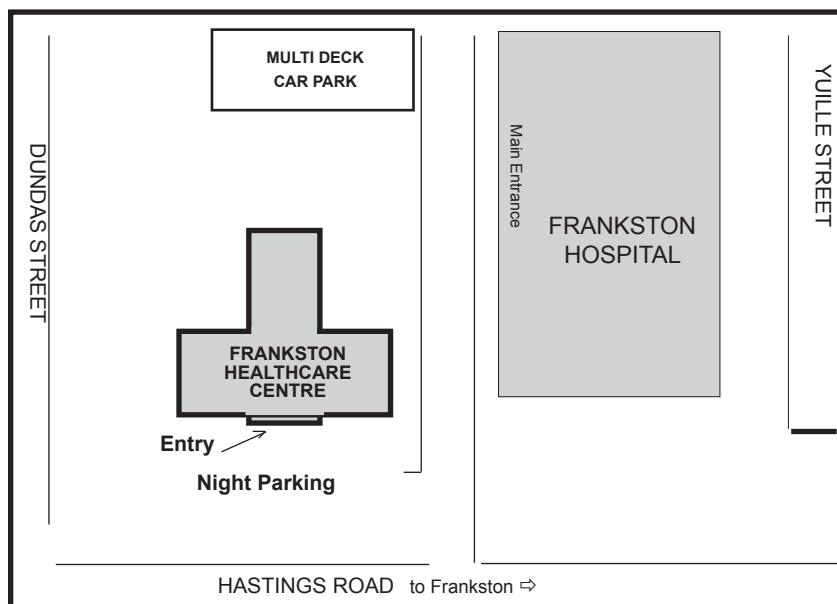
Information Only - Do Not Scan

Where do I go?

The Sleep Unit is at the **Frankston Integrated Health Building**, on Hastings Road to the left of Frankston Hospital. The Sleep Laboratory is best accessed through the building's main (**front**) **entry**. To gain entry through the door after hours, you will need to use the intercom system (which is next to the key pad – on the right hand side of the main door) and speak to the scientist, who will come down to let you in. The laboratory is up on the first floor.

Where can I park?

There is a multistory carpark behind the Integrated Health Building or for overnight admissions car parks may be used at the front of the Integrated Health Building



For your test, please:

- bring all your medication
- bring your Medicare Card
- bring pyjamas and any toiletries you may require
- wash body / hair
- shave under chin (if you have a beard)