Dr Hamna SAHI
RESPIRATORY AND SLEEP PHYSICIAN

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REFERRAL FORM

Appointment ☐ a.m. ☐ p.m. Date

Your appointment is reserved especially for you. Please note any cancellations with less than 24 hours notice may incur an administrative fee.

PATIENT'S DETAILS

Name | Date of birth

Address | Telephone

Suburb | State | Postcode | Medicare Number | Private Health ☐ YES ☐ NO

CLINICAL NOTES

☐ HTN ☐ ATRIAL FIBRILLATION ☐ HEART DISEASE ☐ COPD ☐ LUNG NODULES ☐ CHRONIC COUGH ☐ BREATHLESSNESS

DOCTOR'S DETAILS

Referring Doctor's Details

Referring Doctor's Provider Number | Doctor's signature

Copies to | Date

OUR SERVICES

Please tick one or multiple below as required

1 ☐ **Sleep Studies*:** ☐ Home based sleep study ☐ Hospital based sleep study

**For direct sleep study referral please complete Epworth Sleepiness Scale (ESS) & STOP BANG questionnaire on reverse side. MBS Criteria for direct sleep study requires: ESS > 8 & STOP BANG > 4.*

2 ☐ **Sleep Assesment:** OSA / Narcolepsy / Parasomnias / Restless Legs Syndrome etc.

3 ☐ **Respiratory Assessment:** COPD / Asthma / Lung Nodule / ILD / Bronchiectasis / Cough / Breathlessness etc.

4 ☐ **Lung Function Tests*:** (See Instructions below)

- A ☐ Spirometry and Gas Transfer
- B ☐ Spirometry and FeNO
- C ☐ Lung Volumes
- D ☐ Bronchoprovocation Challenge Test
- E ☐ 6 Minute Walk Test
- F ☐ Oxygen Assesment

**If possible please refrain from using inhalers, smoking or vigorous exercise 24 hours before testing.*

5 ☐ **Bronchoscopy / Endobronchial Ultrasound**

EPWORTH SLEEPNESS SCALE

Choose the most appropriate number for each situation: *0 - Would never Doze* *1 - Slight chance of Dozing* *2 - Moderate chance of Dozing* *3 - High chance of Dozing*

SITUATION:	CHANCE OF DOZING: (0-3)
1. Sitting and Reading	☐
2. Watching Television	☐
3. Sitting inactive in a public place (e.g. a theatre or a meeting)	☐
4. As a passenger in a car for an hour without a break	☐
5. Lying down to rest in the afternoon when circumstances permit	☐
6. Sitting and talking to someone	☐
7. Sitting quietly after a lunch without alcohol	☐
8. In a car, while stopped for a few minutes in traffic	☐

STOP BANG QUESTIONAIRE:

	YES	NO	
1	☐	☐	**SNORING:** Do you snore loudly?
2	☐	☐	**TIRED:** Do you often feel tired, fatigued, or sleepy during the daytime?
3	☐	☐	**OBSERVED:** Has anyone observed you stop breathing during your sleep?
4	☐	☐	**BLOOD PRESSURE:** Do you have or are you being treated for high blood pressure?
5	☐	☐	**BMI:** Is your BMI more than 35kg/m2 ? (If unsure please leave blank)
6	☐	☐	**AGE:** Are you over 50 years old?
7	☐	☐	**NECK CIRCUMFERENCE:** Is your neck circumference greater than 40cm?
8	☐	☐	**GENDER:** Are you male?

CONSULTING AT

EPPING FAMILY MEDICAL & SPECIALIST CENTRE
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