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e-referral available on website
Services are provided nationally

Breathe Well
Sleep Well
Live Well

Sleep & Respiratory – Referral Request

Patient Details

Name DOB

Mobile / Phone Email

Address

Clinical History

- | | | |
|---|--|--|
| <input type="checkbox"/> Insomnia | <input type="checkbox"/> Restless Legs | <input type="checkbox"/> Cardiac History |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Sexual Disinterest | <input type="checkbox"/> CVA / Stroke |
| <input type="checkbox"/> Nocturnal Gasping/Choking | <input type="checkbox"/> Bruxism/TMJ Pain | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Witness apneas | <input type="checkbox"/> Anxiety/Depression/PTSD | <input type="checkbox"/> Nocturia |
| <input type="checkbox"/> Unrefreshed Sleep | <input type="checkbox"/> Concentration Issues | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Daytime Lethargy/Sleepiness | <input type="checkbox"/> Commercial Driver | <input type="checkbox"/> Respiratory Disease |
| <input type="checkbox"/> Clinical Notes / Extra Info: | | |

Our Services (National Service)

Sleep Services

- Full Sleep investigation
(Physician Consultation & Home Sleep Test)
- Express Sleep Test
(Requirements apply - see overleaf)

Services Provided

- CPAP Initiation / Review
- 24 Hour SpO2 Monitoring
- 24 Hour Ambulatory BP Monitoring
- Medicinal Cannabis Consultation

Physician Consultations (Allergy/Respiratory/Sleep)

- Dr. Gregory Katsoulotos
 - Dr. Linda Schachter
- Or next available physician appointment:*
- Allergies Respiratory Sleep

Referring Doctor

Doctor Name Provider #

Phone Email

Practice Name

CC Results (Optional)

Doctor Signature Date of Referral

Please email to info@nextgentherapies.com.au or fax (02) 9188 8938



About Express Sleep Tests

Referring Doctors can have sleep test results sent directly to the referring doctor for management, without a Sleep / Respiratory Physician consult if the patient meets the following Medicare criteria.

Alternatively, if the patient falls short of meeting the Medicare criteria, then a Full Sleep Investigation service will be required which includes a Sleep / Respiratory Physician consult for the patient to obtain their Sleep Test Results.

Express Sleep Test Criteria requirements

Epworth Sleepiness Score ≥ 8

AND One of the following:

OSA50 ≥ 5

OR

STOP-BANG ≥ 3

OR

BERLIN QU. (tick if positive)

Epworth Sleepiness Questionnaire

How likely are you to dose off or fall asleep in the following situations, in contrast to sitting and reading just feeling tired? This refers to your recent / current way of life. Even if you have not done some of these things recently, try to determine how they would affect you.

<i>Circle the response that best describes:</i>	Never	Slight	Moderate	High
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place (e.g. theatre or meeting)	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down to rest in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car as a driver stopped for a few minutes in traffic	0	1	2	3
ESS Total = _____/24				

STOP-BANG / OSA 50

	STOP-BANG	OSA50
Do you often feel tired, fatigued, or sleepy during the daytime?	+1	n/a
Do you have (or are you being treated for) high blood pressure?	+1	n/a
BMI > 35 kg/m ²	+1	n/a
Neck circumference > 43 cm (Male) Neck circumference > 41 cm (Female)	+1	n/a
Gender Male?	+1	n/a
Do you snore loudly?	+1	+3
Has anyone observed you stop breathing or choking/gasping during sleep?	+1	+2
Age > 50 years	+1	+2
Obesity: Waist circumference (male > 102cm, female > 88cm)	n/a	+3
TOTAL		

For the Berlin Questionnaire visit

www.nextgentherapies.com.au/berlinquestionnaire