

**Metro North Health Service District**  
**The Prince Charles Hospital Heart & Lung Clinics**  
**Sleep Disorder Patient Referral**



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**Patient Details**      TPCH UR: .....

**Name:** .....

Male     Female      D.O.B: ...../...../.....

Address: .....

..... Postcode: .....

Phone: (H) ..... (W) .....

(Mobile) .....

Pension Card: ..... Expiry: .....

Medicare: ..... Index: .... Expiry: .....

**Dr Deanne Curtin**    Director S.D.C. TPCH

**Appointments are prioritised according to medical and occupational urgency (see over) and are usually booked with the next available doctor and appointment.**

There are **no out of pocket expenses** for all Private Practice Clinic appointments and subsequent investigations. If you would prefer your patient to be booked for a public, no Medicare billing appointment, please tick box

**Referral Details**      **Referral Date:** ...../...../.....

Reason for Referral: .....

**New Referral**    or     **Ongoing Referral**       **Indefinite**

Previous TPCH sleep patient; name of the Sleep Physician: Dr .....

**Patient has had sleep investigations other than at the TPCH:**     Diagnostic     CPAP  
**If so, please attach copies of the investigations with this referral**

Patients are undergoing 2 months CPAP trial to fulfill criteria for QH Sleep Disorders Program  
**(Pensioner Concession Card (Qld) / Health Care Cardholders only)**  
 Access details available online: <http://www.health.qld.gov.au/qhsdp/>

Currently on CPAP > **Patients are to obtain a recent CPAP download for clinic if possible**

**Essential Patient Information**

Current occupation: .....     Work performance or employment risk

Recent dozy driving / microsleep / MVA      **Epworth Sleepiness Score (see over) ..... / 24**

**Please complete the following OSA50 screening questionnaire to assist with prioritisation:**

	<b>If yes, score:</b>	
Obesity: Waist Circumference male >102cm, females >88cm	3	Score ..... / 10
Snoring: Has your snoring ever bothered people?	3	
Apnoeas: Has anyone noticed that you stop breathing during sleep?	2	
Age: Are you aged 50 years or over?	2	

**Fax or email completed form to:**  
 Central Patient Intake

**Fax: 1300 364 952**

**Email:**  
 MNCPI\_Referral@health.qld.gov.au

**General enquiries:**  
**Phone: (07) 3139 4803**  
**Office Hours: 8:30 am – 4:00 pm**

**Referring Doctor**    Provider No: .....

Name: .....

Postal Address: .....

..... Postcode: .....

Ph: (B) ..... E-mail: .....

**Signature:** .....

**Category 1 referrals are divided into very urgent (1a) and urgent (1b):**

**1a Very Urgent (recommended to be seen within 2 weeks)**

- Occupational priority patient with MVA (or equivalent work accident) or near miss due to sleepiness within the last 12 months
  - Commercial vehicle licence holder deriving income from this
  - Heavy machinery operator
  - Public transport operator
- Patients with daytime hypercapnic respiratory failure where sleep disordered breathing is thought to be a contributor

**1b Urgent (recommended to be seen within a month)**

- Non-occupational priority patient identified at high risk of (further) MVA/s:
  - Epworth Sleepiness Scale score  $\geq 16$
  - Near-miss MVA or MVA secondary to sleepiness in last twelve months
  - Reported frequent episodes of drowsiness whilst driving
- Parasomnias with significant injury to patient or partners
- Patients with significant Neuromuscular Disease who have a:
  - Rapidly progressive disorder e.g.: Motor Neurone Disease
  - Have not had respiratory or sleep physician review
- Patients with unstable cardiovascular disease
- Patients with overt right, left or bi-ventricular failure

**2 Semi-urgent (recommended to be seen within 90 days)**

- Patients with documented daytime dysfunction
  - Epworth Sleepiness Scale score 11- 15
  - Sleepiness related MVA between 1 and 5 years ago
  - Social, vocational or academic performance impairment due to sleepiness
- Where the following sleep disorders are known or suspected
  - Narcolepsy
- Epilepsy where the sleep disorder is thought to be a provoking factor
- Patients who have had a sleep study previously with a total Respiratory Disturbance Index (RDI)  $> 30$  events/hour
- Patients with the following cardiovascular co-morbidities
  - Refractory hypertension
  - Refractory nocturnal ischemia or arrhythmias
  - Physician diagnosed transient ischaemic attacks (TIAs)/ cerebrovascular accident (CVA)
  - Pulmonary hypertension
- Occupational priority patients without the above documented sleepiness related driving (or work equivalent issue)

**3 Routine (recommended to be seen within 1 year)**

- Patients with stable cardiovascular disease
  - Ischaemic Heart Disease
  - Systemic hypertension
  - Previous CVA
- Isolated snoring
- Patients with parasomnia without history or injury to self or others
- Patients with stable or slowly progressive neurological disease
- Other patients not classified above
- Other groups to consider for less serious categorization
  - Short term memory or concentration problems
  - Un-refreshing sleep

<b>EPWORTH SLEEPINESS SCALE</b>	<b>Situation</b>	<b>Never</b>	<b>Slight</b>	<b>Moderate</b>	<b>High</b>
<p>How likely are you to doze off or fall asleep in the situations described in the box below, in contrast to feeling just tired? This refers to your usual way of life in recent times (ie last 4 weeks). Even if you haven't done some of these recently, try to work out how they would have affected you.</p> <p>Use the following scale to circle the most appropriate number for each situation:</p> <p>0 = Would never doze                      1 = Slight chance of dozing                      2 = Moderate chance of dozing                      3 = High chance of dozing</p> <p><b>Score: ..... / 24</b></p>	Sitting and reading	0	1	2	3
	Watching TV	0	1	2	3
	Sitting, inactive in a public place (e.g. a theatre or meeting)	0	1	2	3
	As a passenger in a car for 1 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 a lunch without alcohol	0	1	2	3
	In a car, while stopped for a few minutes in the traffic	0	1	2	3