

Referral Form

Please send your referral to us via fax or email.

Call: 1300 256 753 Fax: 08 8121 6188 Email: study@clmsleep.com

We will contact your patient to book an appointment at their nearest location.



Patient Details				
First Name	Last Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F	D.O.B.	
Address		Driver's Licence Type <input type="checkbox"/> Light <input type="checkbox"/> Heavy		
Tel (Home)	Tel (Mobile)	Height - cm	Weight - kg	BMI
Medicare No.	DVA No.	DVA card type <input type="checkbox"/> Gold <input type="checkbox"/> Orange <input type="checkbox"/> White		

Sleep Study Services (Please complete ESS + STOP-BANG or OSA 50 with your patient)	
If patient does not score the minimum for Medicare subsidy, we will arrange for a Sleep Physician consultation to determine test necessity and Medicare eligibility.	
<input type="checkbox"/> In-Lab based Sleep Study (Medicare Rebate)	Follow up action after Sleep Study:
<input type="checkbox"/> Home-based Sleep Study (Medicare Rebate)	<input type="checkbox"/> Patient to discuss results with referring doctor before deciding next step
<input type="checkbox"/> Level 3 Limited channel Sleep Study (Private)	<input type="checkbox"/> Sleep Physician consultation and management
<input type="checkbox"/> Level 4 Limited channel Sleep Study (Private)	Special Instructions
<i>For definitions of the 4 levels of sleep studies, see back page.</i>	

Epworth Sleepiness Scale (ESS)				
How likely are you to doze off in these situations?	Never	Slight	Moderate	High
Sitting and reading	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Watching television	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sitting inactive in a public place (e.g. a theatre or meeting)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
As a passenger in a car for an hour without a break	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Lying down to rest in the afternoon when circumstances permit	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sitting and talking to someone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Sitting quietly after a lunch without alcohol	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
In a car, while stopped for a few minutes in the traffic	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
				TOTAL SCORE
				Patient must score ≥ 8 for Medicare subsidy

STOP-BANG questionnaire	Yes	No
Do you snore loudly?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Do you often feel tired, fatigued, or sleepy during the daytime?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Has anyone observed you stop breathing during your sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Do you have or are you being treated for high blood pressure?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Are you obese/very overweight – BMI more than 35 kg/m ² ?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Age over 50 years old?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Neck circumference greater than: 43cm (male) or 41cm (female)	<input type="checkbox"/> 1	<input type="checkbox"/> 0
Are you male?	<input type="checkbox"/> 1	<input type="checkbox"/> 0
TOTAL SCORE		
Patient must score ≥ 3 for Medicare subsidy		

OSA 50 screening questionnaire	Yes
Waist circumference	<input type="checkbox"/> 3
Male > 120cm Females > 88cm	
Has your snoring ever bothered other people?	<input type="checkbox"/> 3
Has anyone noticed you stop breathing during your sleep?	<input type="checkbox"/> 2
Are you aged 50 years or over?	<input type="checkbox"/> 2
TOTAL SCORE	
Patient must score ≥ 5 for Medicare subsidy	

Referring Doctor	
<input type="checkbox"/> GP	<input type="checkbox"/> Dentist Name:
<input type="checkbox"/> Physician Specialty:	
Name	
Provider No.	Tel
Address	
Signature	Date

Sleep Physician	
Name	
Provider No.	Tel
Address	
Signature	Date

How would you like to receive the report?		
<input type="checkbox"/> Email address:	<input type="checkbox"/> Fax no.:	<input type="checkbox"/> Hard copy

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
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WHY CHOOSE CLM SLEEP CO.

-  **Local Sleep Scientists**
-  **Local Respiratory & Sleep Physicians**
-  **Same-day Home-Based Sleep Studies**
-  **Hospital and Home-Based Sleep Studies**
-  **Various Sleep Study set-up methods to suit everyone**
-  **Delivery and pick-up available for convenience**

Sleep Study Types

Level 1	Polysomnography (PSG) is considered the reference standard against which other monitors are evaluated. Recordings are made in a sleep laboratory with trained sleep laboratory staff in attendance. 12-13 recording channels are routinely recorded; 2 EEG, 2 EOGs, submental EMG, ECG, bilateral leg movements, arterial O2 saturation, respiratory thoraco-abdominal movements and airflow (nasal pressure and oronasal thermocouples).
Level 2	Minimum of seven channels, including EEG, electrooculogram (EOG), chin, EMG, electrocardiogram (ECG) or heart rate, airflow, respiratory effort, oxygen saturation. This type of monitor allows for sleep staging and therefore calculation of an AHI. It is configured in a fashion that allows studies to be performed in the home.
Level 3	Minimum of four channels monitored, including ventilation or airflow (at least two channels of respiratory movement, or respiratory movement and airflow), heart rate or ECG and oxygen saturation.
Level 4	Monitors of this type measure a single parameter or two parameters – for example oxygen saturation or airflow.

Sleep Study Set-up Methods to Suit Everyone

Remote Set-up	With the remote set-up, patients will pick up their sleep study kit from our clinic with a manual and an accompanying video to help them conduct their own set-up at home. To guarantee the accuracy and success of the set-up, we will provide after-hours support with our specialised technician who will be able to check through their set-up and sign them off for peace of mind. Door-to-door delivery can be arranged for the patient's convenience. We can even arrange pick-up of the kit. Fees apply.
In-Clinic Set-up	For those who may not be suitable for remote set-ups, e.g. those with mobility issues, technology restrictions, etc. we do offer in-clinic set-ups. On the day of the set-up at the appointed time, the patient can come into our clinic for our trained technician to set up the sleep study kit on them. They will then go home and sleep overnight with the kit on. Fees apply.
In-Home Set-up	We offer home visitations after hours where our trained technicians will visit the patient's home in the evening to set them up with the sleep study kit. Once complete, the technician will leave the patient to go about their normal routine before retiring to bed when sleepy. Patients who are hospitalised and require a sleep study can also utilise this service. Our trained technicians will visit the hospital ward to conduct the set-up. Fees apply.
In-Lab Set-up	We conduct our In-Lab based Sleep Studies at our affiliated overnight sleep facilities and can investigate Sleep Apnoea and other Sleep Disorders that may be present and require treatment.

For a full listing of our sleep and wellness services and our locations, please visit us at www.clmsleep.com



Scan me!