Adelaide Institute for Sleep Health
Level 2A Mark Oliphant Building
5 Laffer Drive, Bedford Park SA 5042
https://www.flinders.edu.au/health-medical-research-institute/clinical-translation/sleep-health/sleep-health-treatment

Physician Referral Form

To arrange a physician review for your patient, please email your *completed referral form and overleaf questionnaires* to sleephealthtreatment@flinders.edu.au. Our staff will contact your patient with a suitable appointment time.

Patient Details

First name:		Surname:	
Date of birth:		Phone:	
Medicare number:		IRN:	
Email address:			
Address:			
Clinical details:			

Clinical Signs/ Symptoms/ History

☐ Snoring	☐ Insomnia	☐ Witnessed apnoeas/ nocturnal choking, gasping
☐ BMI > 30 kgm^{-2}	☐ Restless legs	☐ Motor vehicle accident
☐ Headache	☐ Hypertension	☐ Daytime lethargy/ sleepiness
☐ Heart disease	☐ Diabetes	☐ Abnormal activity during sleep
☐ Atrial fibrillation	☐ Depression	☐ Neck circumference >43cm (male), 39cm (female)
☐ Other arrhythmia		

Preferred Physician:

☐ Dr Robert Adams	☐ Dr Simon Proctor	☐ Any

Research Trial Participation:

Is the patient currently involved/being referred as part of an AISH research trial? ☐ Yes ☐ No

If yes, name of research trail (incl. SAPOL reconditioning program):

Referring Physician Details:

☐ GP ☐ Specialist

Date:		Provider number:	
Referring doctor:		Signature:	
Practice name:			
Email address:		Phone number:	
Address:			

OFFICE USE ONLY

Assign scorer:		Assign physician reviewer:		Research study:	

Flinders University

Adelaide Institute *for* **Sleep Health**

Epworth Sleepiness Scale (ESS)

How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired?

This refers to your usual way of life in recent times.

Even if you haven't done some of these things recently try to work out how they would have affected you.

Use the following scale to 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

It is important to answer each question as best you can.

Situation	Chance of Dozing (0-3)
Sitting and reading	___
Watching TV	___
Sitting, inactive in a public place (e.g., a theatre or meeting)	___
As a passenger in a car for an hour without a break	___
Lying down to rest in the afternoon when circumstances permit	___
Sitting and talking to someone	___
Sitting quietly after lunch without alcohol	___
In a car, while stopped for a few minutes in the traffic	___
TOTAL	____

OSA50 screening questionnaire

Please tick one box for EACH QUESTION

		NO	YES	
Obesity:	Waist circumference* - Males >102cm or Females >88cm	☐	☐	3
Snoring:	Has your snoring ever bothered other people?	☐	☐	3
Apneas:	Has anyone noticed that you stop breathing during your sleep?	☐	☐	2
50:	Are you aged 50 years or over?	☐	☐	2
	TOTAL SCORE:			☐ /10 points

* Waist circumference to be measured at the level of the umbilicus.

THANK YOU FOR YOUR COOPERATION