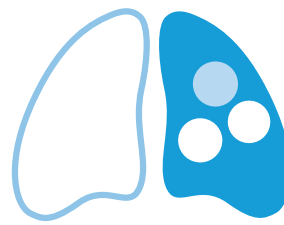


Referral Form

Phone 1300 292 022 Fax 03 9318 4577

Email reception@lasv.com.au

Post 35 Summerhill Road, Footscray 3011



Lung & Sleep
Victoria

For an appointment please complete all details, including signature, and fax to **03 9318 4577**.

PATIENT DETAILS

Surname _____ Given Name _____ Date of Birth _____

Sex M ☐ F ☐ Address _____

Postcode _____ Email _____

Telephone _____ Mobile _____

Medicare No. _____ Ref. _____

REFERRING DOCTOR DETAILS

Doctor Name _____ Provider No. _____

Address _____ Postcode _____ Telephone _____

Fax _____ Signature _____ Date _____

Clinical Notes _____

Our Services

ALLERGY

☐ Allergy consultation

PREPARATION FOR ALLERGY CONSULTATION

Please ensure that no antihistamines are taken for at least three days before the appointment. Nasal steroid sprays (eg: Avamys, Nasonex, Omnaris and Rhinocort) may be continued.

RESPIRATORY

☐ Respiratory physician consultation

☐ Spirometry/ TLCO
(strike out if not required)

☐ Bronchial provocation – Mannitol

☐ FENO - Fractional Exhaled Nitric Oxide

☐ PREPARATION FOR LUNG FUNCTION TESTS

- No short term bronchodilators to be used for 4 hours, unless required (eg: Ventolin, Atrovent, Asmol etc.)
- No long term bronchodilators to be used for 12 hours, unless required (eg: Serevent, Oxis, Seretide, Symbicort etc.)
- FENO & Mannitol Provocation tests may have specific requirements that will be provided to the patient at the time of booking

SLEEP MEDICINE

☐ Diagnostic sleep study (see Note)

Sleep physician consultation:

☐ Pre-study

☐ Post-study

Clinical Details

☐ ESS score of 8 or more

☐ STOP-BANG score of 3 or more

☐ OSA-50 of 4 or more

☐ Snoring

☐ Daytime tiredness

☐ Witnessed apnoeas

☐ Hypertension

☐ Atrial fibrillation

☐ Diabetes mellitus

☐ Heart disease

NOTE: Where the patient doesn't meet MBS criteria for direct referral sleep study, this request includes referral to a qualified sleep physician, to provide a medical consultation.

STOP-BANG SLEEP QUESTIONNAIRE (TO BE COMPLETED WITH PATIENT)

Please answer all the questions:

☐ Yes ☐ No Do you **SNORE** loudly (louder than talking or loud enough to be heard through closed doors)?

☐ Yes ☐ No Do you often feel **TIRED**, fatigued, or sleepy during daytime?

☐ Yes ☐ No Has anyone **OBSERVED** you stop breathing or choking during your sleep?

☐ Yes ☐ No Do you have or are you being treated for high blood **PRESSURE**?

☐ Yes ☐ No **BMI** more than 35kg/m2?

☐ Yes ☐ No **AGE** over 50 years old?

☐ Yes ☐ No **NECK** size large? (Males: 43cm+ & Females: 41cm+) ☐ Yes ☐ No **GENDER:** Male?

Total Score: _____

A STOP-BANG score of 3 - 8 identifies patients with high probability of moderate/severe OSA and is required for MBS funding

EPWORTH SLEEPINESS SCALE QUESTIONNAIRE (TO BE COMPLETED WITH PATIENT)

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

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.

Situations (it is important that you answer each question as best you can):

0 1 2 3 Sitting and reading

0 1 2 3 Watching TV

0 1 2 3 Sitting, inactive in a public place (e.g. a theatre or a 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 a lunch without alcohol

0 1 2 3 In a car, while stopped for a few minutes in the traffic

Total Score: _____

Score Result: 0 - 7 = Normal

8 - 24 = Abnormal (required for MBS funding)

See reverse for a list of our clinic locations and where specific tests and services are available. For more information please visit www.lasv.com.au

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LOCATIONS FOR ALL APPOINTMENTS PHONE 1300 292 022		PHYSICIAN CONSULT	SLEEP STUDY	LUNG FUNCTION	ALLERGY CONSULT
Western					
FOOTSCRAY	35 Summerhill Road, 3011	•	•	•	•
SUNBURY	Sunbury Suites, 17–19 Horne Street, 3429	•			
WERRIBEE	Wyndham Private Consulting Rooms, Level 1, 242 Hoppers Lane, 3030	•	•	•	
WILLIAMSTOWN	Williamstown Consulting Rooms, 110 Douglas Parade, 3016		•		
Northern					
BRUNSWICK	80 Moreland Road, Brunswick, 3056		•		
BUNDOORA	Bundoora Specialist Health Care 445 Grimshaw Street, Bundoora, 3083		•		
NIDDRIE	Northwest Specialist Centre, Level 1/326 Keilor Road, Niddrie, 3042	•	•	•	•
Eastern / South Eastern					
BOX HILL	Box Hill Consulting Rooms, Suite 4, 28–32 Arnold Street, 3128	•	•	•	
EAST MALVERN	Central Park Specialist Centre, 389 Wattletree Road, 3145		•	•	
HAWTHORN EAST	Cabrini Specialist Centre, Level 2, 141 Camberwell Road, 3123	•	•	•	•
MALVERN	Cabrini Medical Centre, Suite 32, 183 Wattletree Road, 3144	•			•
Bayside / Peninsula					
FRANKSTON	Peninsula Private Hospital, Suite 7, 525 McClelland Drive, 3199		•	•	
PATTERSON LAKES	Bayside Specialist Centre, Suite 29, Level 1, 21 Thompson Road, 3197	•	•	•	
Regional					
BACCHUS MARSH	Bacchus Marsh Specialist Centre, 32 Gisborne Road, 3340	•	•	•	•
FOSTER	Foster Medical Centre (Telehealth), 97 Station Road, 3960	•	•	•	•
GEELONG	8 Myers Street, 3220	•	•	•	
GISBORNE	Gisborne Medical Centre (Telehealth), 16 Brantome Street, 3437		•		
LEONGATHA	Leongatha Hospital (Telehealth), 64 Koonwarra Road, 3953	•	•	•	•
WONTHAGGI	231 White Road (Telehealth), Wonthaggi, 3995	•	•	•	•