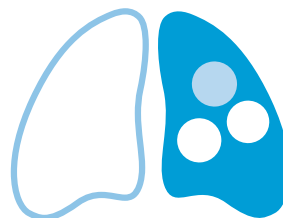


Referral Form

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**. We will contact your patient within 24 hours.

PATIENT DETAILS

Surname _____ Given Name _____ Date of Birth _____

Sex M F Address _____ Postcode _____

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)

Lung volumes (plethysmography)

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 5 or more

OSA-50 of 4 or more

Snoring

Daytime tiredness

Witnessed apnoeas

Hypertension

Atrial fibrillation

Diabetes mellitus

Heart disease

NOTE: This request includes referral to a qualified sleep physician, to provide a medical consultation, when the patient's presentation is not in keeping with a high probability for symptomatic, moderate to severe obstructive sleep apnoea.

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

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 4 - 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)

OUR LOCATIONS (PHONE 1300 292 022 FOR ALL APPOINTMENTS)		PHYSICIAN CONSULT	SLEEP STUDY	LUNG FUNCTION	ALLERGY CONSULT
Western					
FOOTSCRAY	Footscray Consulting Rooms, 35 Summerhill Road, 3011	●	●	●	●
SUNBURY	Sunbury Suites, 17–19 Horne Street, 3429	●			
SYDENHAM	Sydenham Specialist Suites, 574 Melton Highway, 3037	●	●	●	
WERRIBEE	Wyndham Private Consulting Rooms, Level 1, 242 Hoppers Lane, 3030	●	●	●	
WILLIAMSTOWN	Williamstown Consulting Rooms, 110 Douglas Parade, 3016	●			
Northern					
BUNDOORA	Northside Specialist Clinic, 209/12 Ormond Blvd, Bundoora VIC 3083	●	●		
NIDDRIE	North West Specialist Centre, Suite 6, Level 1, 326 Keilor Road, 3042	●	●	●	●
Eastern / South Eastern					
BOX HILL	Box Hill Consulting Rooms, Suite 1, 28–32 Arnold Street, 3128	●	●	●	
EAST MALVERN	Central Park Specialist Centre, 389 Wattletree Road, 3145	●	●	●	
MALVERN	Cabrini Medical Centre, Suite 32, 183 Wattletree Road, 3144	●	●	●	●
SPRINGVALE	Springvale Suites, 8 Windsor Avenue, Springvale, 3171	●	●		
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					
BALLARAT	Ballarat Group Practice, 1730A Sturt Street, Alfredton, 3350	●	●		
BACCHUS MARSH	Bacchus Marsh Specialist Centre, 32 Gisborne Road, 3340	●	●		
FOSTER	Foster Medical Centre (Telehealth), 97 Station Road, 3960	●	●	●	●
GISBORNE	Gisborne Medical Centre, 16 Brantome Street, 3437	●	●		
LEONGATHA	Leongatha Hospital, 64 Koonwarra Road, 3953	●	●	●	●
SEBASTOPOL	Sebastopol Consulting Rooms (Telehealth), 49–51 Albert Street, 3356	●	●		
SEYMOUR	Seymour Medical Clinic (Telehealth), 30–32 Anzac Avenue, 3660	●	●		