

Referral Form

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wallace street
specialist centre

Prof Daniel Chambers (Respiratory)
Dr Isuru Seneviratne (Respiratory)
Dr Alan Carew (Respiratory)
Dr Amy Reynolds (Respiratory & Sleep)
Dr Andrew Clarke (Cardiothoracic Surgery)

PATIENT DETAILS

Name: Medicare No:
DOB: / / Phone:
Clinical
History:

RESPIRATORY

Comprehensive lung function (spirometry, diffusing capacity, body plethysmography +/- bronchodilator) ***BB**

Spirometry Pre & Post Bronchodilator
****Fees Apply**

Spirometry & Diffusing Capacity ***BB**

Patient Instructions: If possible, **DO NOT** take Ventolin, Bricanyl, Atrovent, Respolin, Asmol (symptom relievers) during the 4 hours before the test.

Consult

Dr Daniel Chambers

Dr Isuru Seneviratne

Dr Amy Reynolds

Dr Alan Carew

SLEEP

Home based sleep study ***BB**

Consult

Important: Please complete questionnaire overleaf & send with patient health summary.

Dr Amy Reynolds

ALLERGY

Skin Prick Testing (Aero & Food Allergens) ****Fees Apply**

Patch Testing ****Fees Apply**

Please Note: A ***BB** GP consultation occurs with allergy testing.

Referring Doctor: Signature:

Cc:

Provider No: Date:

Tel: Fax:

***Bulk Billed **Please discuss fees at time of booking.**



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SLEEP MEDICARE ELIGIBILITY

Important: For direct referral sleep studies it is now a Medicare requirement that a patient have a high probability of sleep apnoea (**OSA50 > = 5 and Epworth score > = 8**). Please complete the 3 following questionnaires to assist in the assessment of your patient's eligibility. Our staff are more than happy to assist. If your patient does not meet these requirements please refer to Dr Amy Reynolds.

1. OSA50¹ Questionnaire

If 'yes' please tick

Is waist circumference > 102 cm if male or > 88 cm if female? 3

Has the patient's snoring ever bothered other people? 3

Has anyone reported apnoeas during the patient's sleep? 2

Is the patient over 50 years of age? 2

Total _____

2. Epworth Sleepiness Scale² Questionnaire

For the 8 situations in the following table, how likely is the patient to doze off or fall asleep, in contrast to feeling just tired? Even if the patient has not done some of these things recently, ask them how the situations would have affected them.

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

Then total the scores

Scenario	Score 0-3
Sitting and reading	
Watching television	
Sitting inactive in a public place (eg. theatre or meeting)	
As a passenger in a car for an hour without a break	
Lying down 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 traffic	
TOTAL SCORE (add up total responses)	

3. Medical History (Please tick/fill in if appropriate)

Height (cm)	<input type="checkbox"/> Type 2 Diabetes	<input type="checkbox"/> Stroke/TIA
Weight (kg)	<input type="checkbox"/> AF	<input type="checkbox"/> Cardiac Failure
	<input type="checkbox"/> Other	

¹ Pequeto et al ERJ 2017

² Johns M Sleep 1991

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