Respiratory Sleep Disorder Centre

Consultation & Diagnostic Referral Form

P | 1300 773 210
F | 03 8677 9944
E | admin@RSDC.au
W | www.RSDC.au

Preferred Location:

- ☐ Balwyn North
  345 Doncaster Road,
  Balwyn North, VIC 3104
- ☐ Ferntree Gully
  719 Burwood Hwy,
  Ferntree Gully, VIC 3156
- ☐ Wantirna
  Suite 2a Knox Private Hospital,
  262 Mountain Hwy, Wantirna,VIC 3152

Patient details or label:

Name: DOB: / / Phone:

Lung Function Test

Test Requested:

- ☐ Spirometry Pre +/- Post Bronchodilator
- ☐ Gas Transfer
- ☐ MIPS/MEPS
- ☐ FeNO
- ☐ 6 Minute Walk Test
- ☐ Lung Volumes (Plethysmography)
- ☐ Oxygen Assessment (Apply for Oxygen Supplementation)
- ☐ Bronchial Provocation Test (Mannitol)
- ☐ Exercise Challenge Test
- ☐ CPET (Cardiopulmonary Exercise Test)

Clinical Notes:

Sleep Study

Symptoms:

- ☐ Snoring
- ☐ Witnessed Apnoea
- ☐ Excessive Daytime Sleepiness
- ☐ Waking Unrefreshed
- ☐ Nocturia
- ☐ Morning Headache
- ☐ High STOP-BANG

Other Medical Conditions:

- ☐ Neurologic / Stroke / TIA
- ☐ Cardiac Failure / AF / AMI
- ☐ Diabetes Mellitus
- ☐ Hypertension
- ☐ Obesity
- ☐ COPD
- ☐ Psychiatric Disorder
- ☐ Preoperative Assessment

Bulk Billing CPAP

- ☐ Bulk Billing CPAP Clinic

Lung Cancer Screening Program

- ☐ Low Dose Non Contrast CT Scan of Chest for Lung Cancer Screening (MBS Item No 57410)
- ☐ MDM Meeting

Consultation

Indication:

Referring doctor:	**Date:** / /
Signature:	**Provider No:**
CC:	

RSDC
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The following questions should be answered by patients:

STOP-BANG Sleep Questionnaire (For Sleep Patients)

1. Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)? ▢ Yes ▢ No
2. Do you often feel TIRED, fatigued, or sleepy during daytime? ▢ Yes ▢ No
3. Has anyone OBSERVED you stop breathing during your sleep? ▢ Yes ▢ No
4. Do you have or are you being treated for high blood PRESSURE? ▢ Yes ▢ No
5. BMI more than 35kg/m2? ▢ Yes ▢ No
6. AGE over 50 years old? ▢ Yes ▢ No
7. NECK circumference > 16 inches (40cm)? ▢ Yes ▢ No
8. GENDER: Male? ▢ Yes ▢ No

Number of yes: ....

Epworth Sleepiness Scale (For Sleep Patients)

0: No chance of dozing 1: Slight chance of dozing
2: Moderate chance of dozing 3: High chance of dozing

1. Sitting and reading: ▢ 0 ▢ 1 ▢ 2 ▢ 3
2. Watching TV: ▢ 0 ▢ 1 ▢ 2 ▢ 3
3. Sitting inactive in a public place (e.g. a theatre of meeting): ▢ 0 ▢ 1 ▢ 2 ▢ 3
4. As a passenger in a car for an hour without a break: ▢ 0 ▢ 1 ▢ 2 ▢ 3
5. Lying down to rest in the afternoon when circumstances permit: ▢ 0 ▢ 1 ▢ 2 ▢ 3
6. Sitting and talking to someone: ▢ 0 ▢ 1 ▢ 2 ▢ 3
7. Sitting quietly after a lunch without alcohol: ▢ 0 ▢ 1 ▢ 2 ▢ 3
8. In a car, while stopped for a few minutes in traffic: ▢ 0 ▢ 1 ▢ 2 ▢ 3
9. Are you using MAS/CPAP device while sleeping? ▢ Yes ▢ No

Total Score: ....

Lung Care (For Lung Cancer Screening Program)

1. Age: 50-70 years old? ▢ Yes ▢ No
2. Any Symptoms (such as cough, sputum, shortness of breath, chest pain, or weight loss)? ▢ Yes ▢ No
3. Current Smoker? ▢ Yes ▢ No
4. If you stopped smoking, did you stop less than 10 years ago? ▢ Yes ▢ No
5. Packsmeter (Pack-Years)? ▢ Yes ▢ No

Number of Yes: ....

Scan for packs-meter calculator ▸