

REFERRAL FORM

The Oasis | Adelaide & The Oasis | Private

Call: 08 7095 9320 Fax: 08 7095 9329 Email: bookings@the-oasis.com.au

Please send your referral to us via fax or email.
We will contact your patient to book an appointment.



THE OASIS
Sleep and Wellness Centre

Patient Details			
First Name	Last Name	Gender: M F	D.O.B.
Address		Email	
Tel (Home)	Tel (Mobile)	Height: cm	Weight: kg BMI:
Medicare No.	DVA	Hospital insurance	

Level 1 Gold Standard Attended Sleep Study – Premium Accommodation at The Oasis | Adelaide

(Please complete ESS + STOP-BANG or OSA 50 with your patient)

If patient does not score/meet the minimum for a 'direct pathway to sleep study', we will arrange for a Sleep Physician consultation to determine test necessity & Medicare eligibility.

Sleep Study Type: DIAG CPAP BiLevel MSLT MWT	Sleep Study Item Number (if known):
Co-Morbid Conditions: (AF, DM, CCF, IHD, obesity, COPD etc) Please specify:	Reason for study: OSA PLM/RLS Hypoventilation Parasomnia Narcolepsy Other:
Special Instructions / Assistance Required / Other Relevant Medical Information	

The Oasis | Adelaide - Additional In-House Services:

In-Hospital Lab Study – The Oasis Private @ NECH Home-Based Sleep Study CPAP Therapy Sleep Physician Consultation / Management Dietitian	Oral Sleep Appliance Therapy Medication Review Sleep Psychologist Consultation / Management (For both adults and children) CBTi for Insomnia / Circadian Misalignment / Sleep Hygiene
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Epworth Sleepiness Scale (ESS)	Never	Slight	Moderate	High
How likely are you to doze off in these situations?				
Sitting and reading	0	1	2	3
Watching television	0	1	2	3
Sitting inactive in a public place (e.g. a theatre or 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	0	1	2	3
TOTAL SCORE	Patient must score > 8 for 'direct pathway' to Sleep Study			

STOP-BANG Questionnaire	Yes	No
Do you snore loudly?	1	0
Do you often feel tired, fatigued, or sleepy during the daytime?	1	0
Has anyone observed you stop breathing during your sleep?	1	0
Do you have or are you being treated for high blood pressure?	1	0
Are you obese/very overweight – BMI more than 35 kg/m2?	1	0
Age over 50 years old?	1	0
Neck circumference greater than: 43cm (male) or 41cm (female)	1	0
Are you male?	1	0
TOTAL SCORE	Patient must score > 3 for 'direct pathway' to Sleep Study	

Referring Doctor	GP	Physician, Specialty:	Sleep Physician	
Name			Name	
Provider No.	Tel	Provider No.		Tel
Address			Address	
Signature	Date	Signature		Date