

REFERRAL GUIDELINES

Sleep apnoea clinic

Head of Unit: Prof David Langton

Referrals: Referral addressed to named head of unit is preferred.

E-referral using the GP Referral Template located within the Mastercare: Referralnet system is preferred.

For faxed referrals: 9125 8487

Please Note: The referral should not be given to the patient to arrange an appointment. No appointments can be made over the phone. Once a referral has been received the patient is notified by mail of the date and time of their appointment.

Clinic overview:

The Sleep apnoea clinic is for the assessment and treatment of moderate to severe obstructive sleep apnoea. The predominant roles of this clinic are to:

- Assess patient suitability for a diagnostic sleep study.
- Review patients with confirmed moderate to severe Obstructive Sleep Apnoea to discuss treatment options.
- Implementation and monitoring of CPAP therapy if appropriate.

Categories for Appointment

	Clinical Description	Timeframe for Appt
Category 1 Urgent	<ul style="list-style-type: none"> - Patients with severe symptoms (e.g. excessive sleepiness). - Patients with vehicle licenses at risk of suspension needing urgent specialist review. - Patients awaiting surgery who require Obstructive Sleep Apnoea to be excluded or treated prior. 	6 weeks
Category 2 Routine	Patients with mild to moderate symptoms who require assessment or treatment.	4-6 months
Emergency	NA	NA

IMPORTANT:

The following referral information is mandatory:

Referral:

- Date of referral
- Speciality
- Referring practitioner name
- Provider Number
- Referrer's signature

Patient Demographic:

- Full name
- Date of birth
- Postal address
- Contact numbers
- Medicare Number

Clinical:

- Reason for referral
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines

Preferred:

- Addressed to named practitioner
- Duration of referral (if different to standard referral validity)
- Next of kin

HEAD OF UNIT
Prof David Langton

ENQUIRIES

9788 1705

Reviewed: 12/02/2024



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Eligibility Criteria
Residents of Peninsula Health catchment area
Please attach to referral:
- <i>Epworth Sleepiness Scale score</i> https://nasemso.org/wp-content/uploads/neuro-epworthsleepscale.pdf
- <i>STOP-BANG questionnaire score</i> http://www.stopbang.ca/osa/screening.php
- <i>Any external sleep study reports</i>
Exclusions
< 18 years of age
Mild to moderate Obstructive Sleep Apnoea with an Apnea-Hypopnea Index of <20/hour
Alternative referral options
Private services
Minimum Referral Information Required
Please note, referral cannot be processed if minimum information is missing
Referring practitioner name, provider number and signature
Date of referral
Patient's name, address, date of birth, Medicare number and phone number
Clinical details and reason for referral
Relevant medical history
Medications
Allergies
Clinic information

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Tuesdays 1300-1600 (weekly) in the sleep lab

- Fax referral 9125 8487
- Phone 9788 1705

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