

# REFERRAL GUIDELINES

## Sleep Apnoea Study Service

**Head of Clinic:** Professor 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, please use the Sleep Apnoea Study referral form located on the Peninsula Health website. Fax to **9125 8487**.*

**Clinic overview:** The sleep lab is a 3 bed unit. Overnight sleep studies are conducted for the diagnosis and treatment of people with sleep disordered breathing, such as obstructive sleep apnoea (OSA).

### Categories for Appointments

	Clinical Description	Timeframe
Emergency	• NA	NA
Category 1 Urgent	• NA	NA
Category 2 Semi-Urgent	• NA	NA
Category 3 Routine	• All referrals	8-12weeks

### Eligibility Criteria

GP referral

### Exclusions

< 18 years of age

### Alternative referral options

Private Respiratory Physician

### Minimum Clinical Information Required

**Must complete STOP-BANG and ESS questionnaires**

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 and Allergies

Results of all recent and relevant investigations

## IMPORTANT:

The following referral information is mandatory:

### Referral:

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

### Patient

#### Demographic:

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

### Clinical:

- Reason for referral
- Duration of symptoms
- Management to date
- Past medical history
- Current medications
- Allergies
- Diagnostics as per referral guidelines
- **X-ray results/reports must be within the last 6 months**

### Preferred:

- Addressed to named practitioner
- Duration of referral
- Email address
- Next of kin

### HEAD OF CLINIC

### PROGRAM DIRECTOR

### ENQUIRIES

Phone 9784 2600

Fax: 9788 1879

Reviewed: February 2024



## REFERRAL GUIDELINES

### Sleep Apnoea Study Service

#### Clinic information

7 nights per week

Admission to unit **8pm**, Discharge following morning by **8am**

Frankston Integrated Health Centre

Hastings Rd, Frankston Hospital

Phone **9788 1705**

Fax **91258487**

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