

Inpatient Sleep Study Request Form

Please fax referral to 02 8425 3194 or e-mail to
SleepStudies.NSP@ramsayhealth.com.au



NORTH SHORE PRIVATE

Short Stay Unit, Level 1
North Shore Private Hospital
3 Westbourne St, St Leonards NSW 2065
Tel.: 02 8425 3713
www.northshoreprivate.com.au

Dr Andrew Chan

Dr Peter Cistulli

Dr Michael Hibbert

Dr David Joffe

Patient Details

Name _____ DOB _____
Address _____ Postcode _____
Tel. (H) _____ (M) _____ Health fund _____

Request for: ☐ Diagnostic sleep study ☐ Diagnostic sleep study followed by consultation after sleep study

To be requested by sleep physicians only: ☐ CPAP initiation study ☐ CPAP re-titration study

Referring Doctor

Name _____
Address _____
Provider No. _____
Signature / Date _____

Additional Reports

Name _____
Address _____
Name _____
Address _____

PART A: Clinical Information: (attach any relevant correspondence)

PART B: Screening Information for all referrals (at least one criterion required to justify inpatient sleep study)

- | | | |
|--|--|---|
| <input type="checkbox"/> Patient preference | <input type="checkbox"/> Failed home sleep study | <input type="checkbox"/> Physical disability or inadequate carer attendance |
| <input type="checkbox"/> Suspected respiratory failure | <input type="checkbox"/> Suspected parasomnia disorder | <input type="checkbox"/> Unsuitable home environment for testing |
| <input type="checkbox"/> Neuromuscular disorder | <input type="checkbox"/> Suspected seizure disorder | |
| <input type="checkbox"/> Advanced respiratory disease | <input type="checkbox"/> Heart failure | |
| <input type="checkbox"/> Cognitive impairment | <input type="checkbox"/> Suspected position-related disorder | |

PART C: Medicare Requirement for Referrals from Non-Sleep Physicians (OSA50 ≥ 5 and ESS ≥ 8)

Note: Patients who do not meet these criteria **will need to see a sleep physician** prior to having a sleep study.

OSA50	Please circle if "yes"
Waist circumference more than 102 cm for males or more than 88 cm for females?	3
Has your snoring ever bothered other people?	3
Has anyone noticed that you stop breathing during your sleep?	2
Are you aged 50 years or over?	2
MUST HAVE TOTAL SCORE OF AT LEAST 5 :	

ESS: How likely are you to fall asleep or doze in the following circumstances? (Please circle)	No chance	Slight chance	Moderate chance	High chance
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (e.g. meeting, theatre)	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 lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in the traffic	0	1	2	3
MUST HAVE TOTAL SCORE OF AT LEAST 8 :				

Booking Process

Please fax this form to North Shore Private Sleep Laboratory on 02 8425 3194 or e-mail to SleepStudies.NSP@ramsayhealth.com.au. Patients are to be provided with a North Shore Private Hospital Admission Form to complete and return to North Shore Private Sleep Laboratory by fax, e-mail or post. Alternatively, please direct patients to the online Admission Form at www.northshoreprivate.com.au. A North Shore Private Sleep Laboratory Clerk will process the admission. They will require the completed Admission Form from the patient to do so and may contact the patient for their Medicare and Health Fund information and their availability for a sleep study (Mondays to Fridays from 7 pm).

Billing

Our sleep physicians are No Gap providers. If patients have private health cover, we recommend they contact their health fund prior to admission to check their level of cover, excess requirements or any co-payments required for an overnight stay in a hospital. Any out of pocket expenses must be paid prior to admission. Should a follow-up consultation be requested, this will be billed separately in accordance with the physician's individual billing practices.

Cancellation

If the patient is unable to attend their sleep study for any reason they are to call 02 8425 3000 as soon as possible to cancel and re-book their appointment. It is important that they give at least 48 hours notice or a late cancellation fee may apply.

Preparation Before Arrival

- Hair is to be washed on the day of the study. Hair oils, sprays, gels or conditioners are to be avoided.
- Make-up is not to be worn to the appointment and nail polish is to be removed.
- It is recommended that patients eat an evening meal before they arrive.
- It is recommended that all valuables be left at home.

What to Bring

Reading material
Personal toiletry items
Usual medications
Personal items to help you sleep (such as your own pillow)
Something to sleep in and clothing for the following day

Where to Park

The patient may park their vehicle on the ramp (Valet parking area) in front of the Main Reception on Westbourne Street. They will be required to leave their keys with Reception, who will arrange for our Parking Officers to park their vehicle in our Express Parking Facility overnight.

Included in the study

Free parking
Light supper
Light breakfast
Private room
Shower and toilet facilities
Tea and coffee facilities
Free Wi-Fi

Discharge By

7 am

