



**REFERRAL - DR BARTON JENNINGS • DR SHAUN YO • DR TIM CHEUNG • DR SHEETAL DESHPANDE**

### PATIENT DETAILS

Name

Email

DOB

Address

Phone

Medicare Number

Health Insurance Fund

Member Number

### REFERRED BY

Name

Provider Number

Email

Address

Date

Signed

### CLINICAL NOTES

Notes

### REFERRED FOR

**Physician Consultation**

Bentleigh Specialist Centre

Maryvale Private Hospital

Rapid Assessment Lung Clinic  
*For rapid assessment of patients with lung and thoracic lesions possibly representing malignancy*

Telehealth Consultation

Wonthaggi

Cabrini Hawthorn East

**Respiratory/Chest Physiotherapy**

**Bronchoscopy**

**Sleep Study**

*Please complete Epworth Sleepiness Score and OSA 50*

**Patients will be contacted immediately on receipt of referral & an appointment made within ONE week**



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### EPWORTH SLEEPINESS SCORE

Please circle only one number per row.

How Likely are you to doze off or fall asleep in the following situations;

0 = Never

1 = Slight Chance of Dozing Off

2 = Moderate Chance - Sometimes Doze Off

3 = High Chance - Often Doze Off

Sitting and Reading	0	1	2	3
Watching TV	0	1	2	3
Sitting Inactive in a Public Place	0	1	2	3
As a Passenger in a Car	0	1	2	3
Lying Down to Rest in the Afternoon	0	1	2	3
Sitting Talking to Someone	0	1	2	3
Sitting Quietly After Lunch without Alcohol	0	1	2	3
In a Car, while Stopped at the Lights	0	1	2	3

**TOTAL**

### OSA 50

<b>Obesity</b>	Is your waist circumference >102cm (male) or >88cm (female) or BMI >30?	3
<b>Snoring</b>	Has your snoring bothered other people?	3
<b>Apnoea</b>	Has anyone noticed you stop breathing while asleep?	2
<b>50</b>	Are you aged 50 years or over?	2

**TOTAL**