

BOC Referral Form

Original – Customer Copy

Date: / / (Valid for 12 months from date of referral)

Patient Details

Name:

Address:

Postcode:

Phone:

Mobile:

DOB:

 / /

(please tick)

Commercial Licence:

YES / NO

Gender:

MALE / FEMALE

Doctor's Details

Name:

Address:

Postcode:

Phone:

Fax:

Provider No:

Signature:

Please stamp if available:

Please complete on behalf of patient *(continued over leaf)*

STOP Questionnaire

(please tick)

Do you snore loudly (louder than talking/can be heard through a closed door)?

YES / NO

Do you often feel tired, fatigued or sleepy during the day?

YES / NO

Has anyone noticed you stop breathing during your sleep?

YES / NO

Do you have or are you being treated for high blood pressure?

YES / NO

Recommendations

Patients answering YES to 2 or more of the above questions are at high risk of having OSA and should be referred directly for an at home sleep study. Patients answering YES to less than 2 questions should be referred to a sleep specialist consultation in order to determine the necessity for further investigation.

Reference: STOP Questionnaire (Chung F et al, Anaesthesiology. May 2008; 108(5):812-21).

Please complete on behalf of patient *(continued)*

Relevant Medical Conditions *(please tick)*

- | | |
|--|---|
| <input type="checkbox"/> Nasal/sinus | <input type="checkbox"/> Overweight/obesity |
| <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> CCF |
| <input type="checkbox"/> COPD | <input type="checkbox"/> IHD |
| <input type="checkbox"/> Type II diabetes | <input type="checkbox"/> Pacemaker |
| <input type="checkbox"/> TIA/CVA | |

Type of Study *(please tick)*

- | | |
|--|--|
| <input type="checkbox"/> Home sleep study | <input type="checkbox"/> Titration review |
| <input type="checkbox"/> Initial titration | <input type="checkbox"/> Standard CPAP (no titration needed) |
| <input type="checkbox"/> Bi-level trial | |

Relevant Clinical History/Medications *(please complete):*

To arrange an appointment please call us on **1300 732 695**
or for more information visit our website **www.boc-lisa.com.au**

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