



REFERRAL - DR BARTON JENNINGS & ASSOCIATES

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

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

TOTAL