



Sleep Referral Form

(Southern Cross Affiliated Provider)

All tests are performed by a senior clinical physiologist and reported by a vocationally registered specialist respiratory physician

Fax _____ (09) 4374081

Healthlink EDI _____ mrmixson

Email: admin@cardinalpoints.co.nz

☐ Tick here for TEST ONLY

Patient's details

First Name

Surname

NHI

Date of Birth

Contact details

☐ Home Based Overnight Level 3 Sleep Study

Clinical details:

- | | |
|--|---|
| <input type="checkbox"/> Snorer | <input type="checkbox"/> BMI>30 |
| <input type="checkbox"/> Tiredness | <input type="checkbox"/> Age>50 |
| <input type="checkbox"/> Observed Apnoea | <input type="checkbox"/> Neck circumference >40cm |
| <input type="checkbox"/> Pressure (BP) | <input type="checkbox"/> Gender |
- Please tick

Epworth Sleepiness Scale

Chance of dozing 0-3

Sitting and reading	<input type="text"/>
Watching TV	<input type="text"/>
Sitting, inactive in a public place (cinema, meeting)	<input type="text"/>
As a passenger in a vehicle for an hour without a break	<input type="text"/>
Lying down to rest in the afternoon when able	<input type="text"/>
Sitting and talking to someone	<input type="text"/>
Sitting quietly after lunch without alcohol	<input type="text"/>
In a car while stopped for a few minutes in traffic	<input type="text"/>

Referring Doctor:

Contact details (phone/email/fax):