MY SLEEP SERVICES Victoria

1800MYSLEEP Sleep Disorder
Diagnosis Treatment Support

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admin@1800mysleep.com.au
Healthlink: Sleeppap Argus: Sleeppap_coreplus@argus.net.au

Respiratory Service Referral

Patient Given Name (as per Medicare card) *

Patient Surname (as per Medicare Card) *

DOB *

Phone *

Address

Medicare

Ref

Exp

Referral to Our Service Includes Referral to Sleep and Respiratory Physiologists, Cardiopulmonary Physiotherapists and Specialist Sleep and Respiratory Physicians for Opinion, Treatment and Review; as well as Clinically Relevant Assessments Such as Home Based Sleep Studies and Lung Function Testing. Please Select the Lung Function Testing Requested: *

- [ ] 11503- Asthma and Small airway assessment - FeNo, then FOT and Spirometry with bronchodilator response
- [ ] 11503- Lung Diffusion Capacity - DLCO
- [ ] 11503- Lung Volumes - Nitrogen Washout
- [ ] 11503- Respiratory Strength Assessment - MIPS/MEPS
- [ ] 11503- Nasal Airway Pressure, Resistance and Strength- SNIP/Nasorhinometry
- [ ] 11607- Ambulatory Blood Pressure Monitoring
- [ ] 12250 - Level 2 PSG Home Based Sleep Study

Other Clinically Relevant Symptoms and Signs

- [ ] Current Smoker/ Vaper
- [ ] Previous Smoker/Vaper
- [ ] Risk of Industrial Exposure to Respiratory Irritants
- [ ] Persistent Cough
- [ ] Chronic Shortness of Breath
- [ ] Shortness of Breath due to Exercise/Illness/Cold
- [ ] Loud Breathing
- [ ] History or Suspicion of Asthma
- [ ] History or Suspicion of Eczema
- [ ] History or Suspicion of Allergies (including Hay fever)
- [ ] History or Suspicion of Autoimmune Condition
- [ ] History or Suspicion of Neuromuscular Disease
- [ ] Suspected Respiratory Muscle Weakness
- [ ] Chest Deformity

Relevant Comorbidities

- [ ] Habitual Mouth Breathing
- [ ] Snoring
- [ ] Sleep Apnea
- [ ] Fatigue / Sleepiness
- [ ] Obesity
- [ ] High Blood Pressure
- [ ] Diabetes
- [ ] High Cholesterol
- [ ] Insomnia
- [ ] Unrefreshing Sleep
- [ ] Migraines / Headaches
- [ ] Depression / Anxiety
- [ ] History of Cardiovascular Disease
- [ ] History of Stroke or Heart Attack

Additional Information, Relevant History and Medications:

Referring Doctor Name *

Provider Number *

Physician Phone *

Physician Fax

Referring Doctor Address *

Street address *

City *

State *

Please select

Postcode *

Date of Referral *

Request Urgency

- Category 1 (Very Urgent- within 30 days)
- Category 2 (Urgent- within 3 months)
- Category 3 (Standard- within 12 months)

Duration of Referral

- 3 months (Specialist)
- 12 Months (GP)
- Indefinite

Location

- Morwell
- Geelong
- Visiting Regional Clinic

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Any other notes for the Medical Scientist or Doctor

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