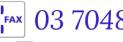


1800MYSLEEP

Sleep Disorder

Diagnosis Treatment Support



(FAX) 03 7048 3131 ··· 1800 697 533



admin@1800mysleep.com.au Healthlink: Sleeppap

Argus: Sleeppap_coreplus@argus.net.au

Service Referral

Patient Given Name (as per Medicare card) *					
Patient Surname (as per Medicare Card) *					
DOB *		Phone *			
Address					
Medicare	Ref			Exp	
Lung Function Testing. Please Select the Service Home Sleep Study - Streamlined Access with Home Sleep Study with Sleep Physician Tele Streamlined Level 1 Attended Sleep Study a Complex Lung Function Testing.	n Physiologist Review for l health Review for Results	Resu	lts.		
Sleep Questionnaire signs (Our intake assessm detail)	nent covers this is		Other Clinically Releva	nt Symptoms and Comorbidities	
Excessive Daytime Sleepiness			Insomnia		
- Epworth Sleepiness Scale above 8			Unrefreshing Sleep		
Snoring			Migraines	•	
Loud and/or Frequent			Morning Headache	es	
Tiredness			Depression / Anxie		
- Frequent and/or Nodded off Whilst Driving	5		Shortness of Breat		
Witnessed Apnea			 Cardiovascular Dis	ease	
High Blood Pressure			History of Stroke o	r Heart Attack	
Obesity (BMI > 30)			History or Suspicio	n of Asthma	
Age (over 50)			History or Suspicio	n of Allergies	
Large Neck			History or Suspicio	n of an Autoimmune Condition	
Male			History or Suspicio	n of a Neuromuscular Disease	
GORD or Nocturnal Reflux			Chest Deformity or	Suspected Respiratory Muscle Weakness	

Referring Doctor Name * Physician Phone *		Provider Number *				
		Physician Fax				
Referring Doctor Address *						
Street address *						
City *	State *		Postcode *			
	Please select	~				
Date of Referral *						
Request Urgency Category 1 (Very Urgent- within 30	Duration of Referral 3 months (Specialist)		Location Morwell			
days)	12 Months (GP)		Geelong			
Category 2 (Urgent- within 3 months)	Indefinite		Visiting Regional Clinic			
Category 3 (Standard- within 12 months)						
Copy Correspondence to:						
Jpload any relevant materials here						
opioud any relevant materials here				Brows		
Signed: *						
Draw signature Type signature	<u>Clear</u>					
Any other notes for the Medical Scientist or I	Ooctor					