

Referral Form



Pacific
Sleep
Services

NOTE FOR REFERRING DOCTORS

Patients under 18 years of age should be referred to a paediatric sleep physician.

Dr Alex Erdstein MBBS FRACP
Respiratory & Sleep Physician

Dr Ali Parappil MBBS FRACP
Respiratory & Sleep Physician

Coast and Country Sleep and Respiratory Centres
Hornsby • Blacktown • Central West

Tel: 1300 213 163 • Fax: 1300 213 548

Above Westpac Bank
Suite 6B / Level 2
26 Florence St
Hornsby 2077

Blacktown Town Centre
Suite 9 (Ground floor)
30 Campbell St
Blacktown 2148

Please turn over for Cowra, Orange and Parkes addresses

Please fax your patient's referral to 1300 213 548 and give original to patient.

Patient name: _____ Date of Birth: _____

Tel: _____

Address: _____

CLINICAL DETAILS (Please tick the appropriate box/boxes)

- | | | | |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Overweight | <input type="checkbox"/> 45 years + | <input type="checkbox"/> Atrial fibrillation | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Daytime somnolence | <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Other |
| <input type="checkbox"/> Witnessed apnoea | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Nocturia | |

REQUEST FOR (Please tick the appropriate box/boxes)

SLEEP INVESTIGATION UNIT

- Sleep investigation (Sleep Study, Spirometry, Rhinomanometry as required)
- Home diagnostic sleep study (oximetry, airflow, respiratory effort, ECG, EEG, EOG)
- Implement CPAP treatment
- CPAP pressure review study (with oximetry)
- Rhinomanometry (measurement of nasal resistance)
- Insomnia management

Other: _____

RESPIRATORY INVESTIGATION UNIT

- Comprehensive lung function (spirometry, lung volumes, TLCO) BLACKTOWN ONLY
- Spirometry
- Overnight oximetry at home
- Oxygen therapy assessment (BLACKTOWN AND HORNSBY ONLY)
- Supply of oxygen concentrator

Other: _____

REFERRING DOCTOR

When you come for your appointment, please bring your current referral.

Provider number: _____

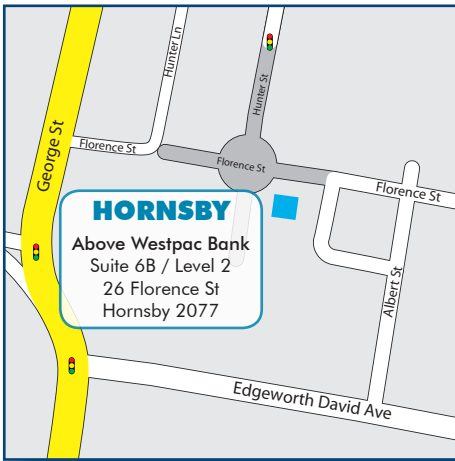
Referring doctor's signature: _____ Date: _____

Copy to: _____

Preparing for your sleep study or oximetry test

Please ensure that you are not wearing nail polish on the night of your test.

For lung function tests, avoid short acting bronchodilators (Ventolin, Bricanyl, Atrovent...) for 8 hours and long acting bronchodilators (Oxis, Serevent, Symbicort, Seretide...) for 24 hours prior to test.



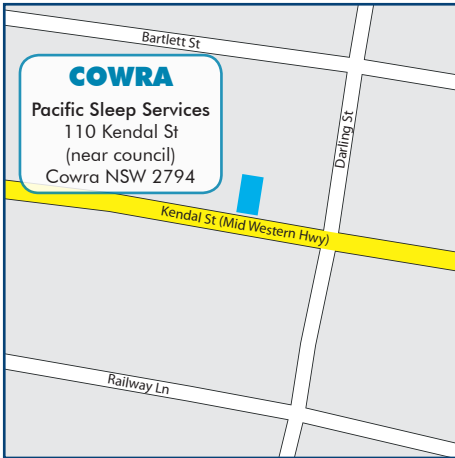
HORNSBY

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 Hornsby 2077



BLACKTOWN

Blacktown Town Centre
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 Blacktown 2148



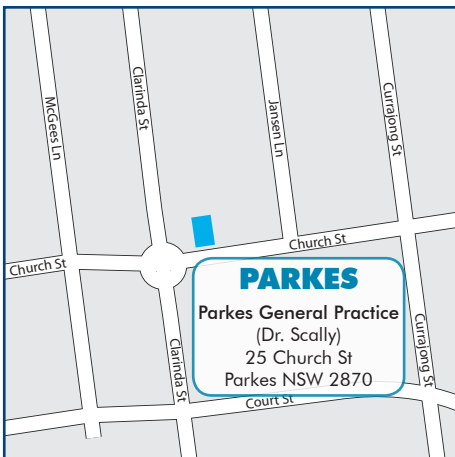
COWRA

Pacific Sleep Services
 110 Kendal St
 (near council)
 Cowra NSW 2794



ORANGE

The Wellness House
 55 Bathurst Road
 Orange NSW 2500



PARKES

Parkes General Practice
 (Dr. Scally)
 25 Church St
 Parkes NSW 2870

Appointment

Date _____

Time _____