Referral Form

Pacific Sleep

NOTE FOR REFERRING DOCTORS: Patients under 18 years of age should be referred to a paediatric sleep physician.

Gosford
Toukley
Blacktown
Hornsby
Central West
Newcastle
Gympie

Tel **02 4339 1222**
Fax **02 4339 1617**

Reporting physicians
Dr. Michael Hayes FRACP
Dr. Chris Duggan FRACP
A/Prof. Stephen Cala FRACP
Dr. Alex Erdstein FRACP

Please fax your referral to 02 4339 1617 or email referrals@pacificsleep.com.au.
Patients: Please bring this referral to your appointment.

Patient name: _____ Date of Birth: _____ / _____ / _____

Address: _____

Telephone: _____ Email: _____

Commercial drivers licence: _____

SYMPTOMS AND MEDICAL CONDITIONS

- ☐ Hypertension
- ☐ Cardiac failure
- ☐ Stroke / TIA
- ☐ COPD
- ☐ Other: _____
- ☐ Snoring
- ☐ Overweight
- ☐ Pacemaker
- ☐ Type II Diabetes
- ☐ Atrial fibrillation
- ☐ Daytime somnolence
- ☐ Family history (OSA)
- ☐ Clinical history *(optional, attach notes to this referral)*

REQUEST FOR (please tick the appropriate box/boxes)

- ☐ Home diagnostic sleep study (includes consultation with the reporting physician)
- ☐ Implement CPAP treatment (with oximetry as required)
- ☐ Pressure review study (with oximetry)
- ☐ Supply of oxygen concentrator
- ☐ Multiple Wakefulness Test (MWT)
- ☐ Attended sleep study
- ☐ Supply of DVA approved equipment & services

Other: _____

REFERRING DOCTOR

Referring Dr. name _____

Practice name _____ Provider no. _____

Address _____

Email _____

Phone _____ Fax _____

Referring Dr. signature _____ Referral date _____

Pacific Sleep locations

Gosford
Jarrett Street Specialist Centre
Suite 2, 14-18 Jarrett Street
North Gosford NSW 2250

Hornsby
Suite 6B, Level 2
26 Florence Street
Hornsby NSW 2077

Cowra
110 Kendal Street
Cowra NSW 2794

Toukley
Suite 2, 45 Canton Beach Road
Toukley NSW 2263

Blacktown
Blacktown Town Centre
Suite 9, 30 Campbell Street
Blacktown NSW 2148

Parkes
Parkes General Practice
25 Church Street
Parkes NSW 2870

Newcastle
154 Lambton Rd
Broadmeadow NSW 2293
(inside Broadmeadow Medical Centre)

Approved DVA Supplier providing CPAP equipment for eligible DVA clients.

Registered NDIS Provider

Referrals

Please send your referral to us by fax on
02 4339 1617

or email to
referrals@pacificsleep.com.au

Information

For more information, please call our office on
02 4339 1222

or send us an email at
info@pacificsleep.com.au

or visit our website
www.pacificsleep.com.au