

REFERRAL FORM

Please send your referral to us by:

Fax: 1300 360 239 or Email: info@ressleep.com.au

Our staff will contact the patient to book an appointment. Patients: Please bring this referral to your appointment.

PATIENT NAME _____ PHONE _____

EMAIL _____ D.O.B _____ / _____ / _____

COMMERCIAL DRIVERS LICENCE: YES NO

Symptoms (please tick appropriate box/es)

SNORING WITNESSED APNEAS / NOCTURNAL GASPING / CHOKING DAYTIME LETHARGY / SLEEPINESS

Relevant Medical Conditions (please tick appropriate box/es)

HYPERTENSION CARDIAC FAILURE STROKE/TIA COPD
 TYPE II DIABETES ATRIAL FIBRILLATION OBESITY OTHER _____
 PACEMAKER CLINICAL HISTORY (optional, attach notes to this referral)

Referral for Sleep & Respiratory Physician (please tick appropriate box/es)

- Home diagnostic sleep study BULK BILLED** (Medicare & DVA item 12250) bulk billed and Medicare rebated Sleep Physician consult if required. *Consultations are also offered via 1/497 Brighton Rd, Brighton 5048; 40 Nth Tce Kent Town 5067 & 979 North Est Rd Modbury 5092 . Fees apply.
- Sleep Physician consultations** *Medicare & DVA rebates apply
- Review for control of sleep apnea with oximetry** (mask fit, compliance, pressure check, heart rate, oximetry)

Referral for ResSleep Sleep Therapists (please tick appropriate box/es)

- CPAP / APAP Treatment Trial** for the treatment of sleep apnea
- Supply of DVA Approved Equipment and Services** ** for Eligible DVA patients
- ASV Treatment Trial** for the treatment of suspected Complex Sleep Apnea and/ or Central Sleep Apnea (following referral from a Sleep Physician) ASV therapy is contraindicated in patients with chronic, symptomatic heart failure with predominant CSA and with reduced left ventricular ejection fraction (LVEF_≤ 45%)
- Bilevel treatment trial** following referral from a Sleep Physician

For this referral to be valid, please ensure the following details are completed:

REFERRING DOCTOR _____ DOCTOR'S SIGNATURE _____

PROVIDER NUMBER _____ DATE OF REFERRAL _____ / _____ / _____

PRACTICE NAME _____ PHONE _____

ADDRESS _____

EMAIL _____ FAX _____

MEDICAL OBJECTS SECURE MESSAGING

If you answer 'Yes' to three or more of these questions you are at high risk of having sleep apnea.

Y A W N

Your BMI is greater than 25?

Aware that you have been snoring or have pauses in your breathing while you sleep?

Waking unrefreshed most mornings?

Nodding off easily during the day?



1300 wake up
1300 925 387

CLINIC LOCATIONS

NEW SOUTH WALES

Bella Vista

1 Elizabeth Macarthur Drive
Bella Vista 2153

Bondi Junction

HCF Building
Lvl 11, Suite 1104
1 Newland Street
Bondi Junction 2022

Burwood

Burwood Cardiology Lvl 6,
74/76 Burwood Rd
Burwood 2134

Dee Why

850 Pittwater Road
Dee Why 2099

Gosford

Suite B, 201 Mann Street
Gosford 2250

Hawkesbury

41 March Street
Richmond 2753

Hornsby

Suite 2, Rear Ground Floor
149 Pacific Highway

Macquarie Park

Suite 8, 33 Waterloo Road
Macquarie Park 2113

Miranda

Suite 201, 29 Kiora Road
Miranda 2228

Newcastle

356 Hunter Street
Newcastle 2300

Sydney CBD

Mezzanine Level, Kyle House
27-31 Macquarie Place
Sydney 2000

QUEENSLAND

Chermside

960 Gympie Road
Chermside 4032

Greenslopes

496 Logan Road
Greenslopes 4120

Maroochydore

Shop 3 Plaza Links
5 Plaza Parade
Maroochydore 4558

North Lakes

9 Gregor St West
North Lakes 4509

Upper Mt Gravatt

1722 Logan Road
Upper Mt Gravatt 4122

SOUTH AUSTRALIA

Brighton

425 Brighton Road
Brighton 5048

Mount Barker

Unit 3/22 Mann Street
Mount Barker 5251

North Adelaide

120 Childers Street
North Adelaide 5006

St Agnes

6/1240 North East Road
St Agnes 5097

VICTORIA

Mount Waverley

1/304 Stephenson Road
Mount Waverley 3149

Ringwood East

9 Ware Crest
Ringwood East 3135

Thornbury

3/679 High Street
Thornbury 3071

WESTERN AUSTRALIA

Joondalup

Lvl 2, Suite 13, Shenton House
57 Shenton Avenue
Joondalup 6027

Mandurah

Suite 6, 34-36 Minilya Parkway
Greenfields 6210

Perth CBD

Suite 26, Mount Medical Centre
146 Mounts Bay Road
Perth 6000