southernsleep
www.southernsleep.com.au

Referral

Ph: (08) 8275 3737 | Fax: (08) 8177 0689

FLINDERS PRIVATE HOSPITAL

1 Flinders Drive, Bedford Park SA 5042
www.flindersprivatehospital.org.au

☐ Dr Dimitar Sajkov ☐ Dr Jeffrey Bowden ☐ Dr Sharon Morton ☐ Dr Jason D'Costa
☐ Dr Anand Rose ☐ Dr Vinod Aiyappan ☐ Dr Mohd Shah Mohd Shif ☐ Dr Sudhir Rao
☐ Dr Brendan Dogherty ☐ Dr Madhu Chandratilleke ☐ Refer to Dr Dimitar Sajkov if no preference.

TEST REQUESTED

☐ Diagnostic Polysomnography (PSG) ☐ Sleep Specialist Consultation
☐ CPAP titration study ☐ Multiple sleep latency test (MSLT)
☐ Bi-PAP / ASV non-invasive ventilation trial ☐ Other:

PATIENT DETAILS

Patient Name: Sex (circle): M / F
Address:
DOB: Phone: Mobile:
Private Health Insurance Fund: Membership Number:
Medicare Number: Medicare Expiry Date:

☐ Private Patient ☐ DVA Gold Card Holder ☐ Medicare only

Clinical Details

EXTRA MEASUREMENTS OR OBSERVATIONS (eg. T_cCo_2, Video Monitoring): ☐ Yes / No ☐
SPECIAL ASSISTANCE (eg. Transferring to bed, turning during the night): ☐ Yes / No ☐
Does the patient suffer from any communicable or infectious disease? ☐ Yes / No ☐

If yes to any of the above please specify:

Referring Doctor

Referring Doctor's Name: Provider Number:
Address:
Phone: Fax:
Signature: Date:

OFFICE USE ONLY

Sleep and Respiratory Specialist approval for the test

Specialist Signature: Date:
Study Date: Follow-up Date:

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