

MID NORTH COAST SLEEP CLINIC

CONSULTING AT: Intalink Therapy Solutions, 5 Macquarie St, Taree NSW 2430

Forster Private Hospital, Dolphin Suite Consulting Rooms, 27 Breckenridge St, Forster NSW 2428

POSTAL ADDRESS: PO Box 1127, Taree NSW 2430

Phone: 02 6551 0771 **Fax:** 02 6551 0700

Email: admin@mncsleepclinic.com.au

REFERRAL FORM

For bookings please fax completed form to 02 6551 0700 or

Email: admin@mncsleepclinic.com.au

Patient Details

Name.....DOB.....

Phone.....

Email..... Commercial drivers licence Y N

Medical History

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Cardiac Failure | <input type="checkbox"/> Atrial Fibrillation |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Type II Diabetes | <input type="checkbox"/> Restless Leg |
| <input type="checkbox"/> BMI > 33 | <input type="checkbox"/> Stroke / TIA | <input type="checkbox"/> Other |

Medications

Allergies.....

Reason for Referral

- Home sleep test for suspected Sleep Apnea
- CPAP /APAP Treatment Trial – for the treatment of Sleep Apnea
- Pressure / Treatment review with oxymetry
- CPAP education / support / mask problems

Referring Doctor Details

Name.....

Address.....

Provider Number.....

Signature.....

Date.....

Please indicate how you would like to receive results and other correspondence from Mid North Coast Sleep Clinic:

- Electronic transfer of reports via secure messaging Email Fax Post
- Cc report to GP - GP Details:

(*Home studies are performed on eligible patients according to criteria for Medicare Item 12250 and comply with accreditation and accepted Australasian Sleep Association guidelines.)