southernsleep
southernsleep.com.au

Referral

Ph 08 8275 3737 | Fax 08 8177 0689

FLINDERS PRIVATE HOSPITAL

1 Flinders Drive, Bedford Park SA 5042
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
☐ Brendan Dougherty ☐ 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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