

Referral

Ph: (08) 8275 3737 | Fax: (08) 8177 06891 Flinders Drive, Bedford Park SA 5042
www.flindersprivatehospital.org.au

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|--|--|---|---|
| ☐ 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

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|--|---|
| ☐ Diagnostic Polysomnography (PSG) | ☐ Sleep Specialist Consultation |
| ☐ CPAP titration study | ☐ Multiple sleep latency test (MSLT) |
| ☐ Bi-PAP / ASV non-invasive ventilation trial | ☐ Other: <input type="text"/> |

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_cCO₂, 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:

