



Name:

Date of Birth:

Address:

Telephone:

Medicare No.

Private Health Insurance: Yes NO

REQUEST FOR:

CLINICAL NOTES:

REFERRING DOCTOR'S DETAILS:

COPIES TO:

DOCTOR'S SIGNATURE:

DATE: | |

SLEEP ASSESSMENT

- Urgent (appointment within 7 Days)
 - Commercial Vehicle Driver or Pilot
 - Coronary Heart Disease
 - Cerebrovascular Accident
 - Hypertension requiring ≥ 3 medications
- Non Urgent

SLEEP STUDIES

- Home Based Polysomnography
- In Laboratory Polysomnography
 - Private Hospital
 - Public Hospital

* To be considered for direct referral for a sleep study please complete the Epworth Sleepiness Scale and STOP BANG Form. MBS criteria requires ESS ≥ 8 and STOP BANG ≥ 4 to be eligible for direct referral for a sleep study.

RESPIRATORY ASSESSMENT

- Urgent (appointment within 7 Days)
 - Lung Nodule or Lung Mass
 - Severe Respiratory Disease
- Non Urgent

LUNG FUNCTION TESTS

- Spirometry & Gas Transfer
- Spirometry Without Gas Transfer
- 6 Minute Walk Test
- Bronchoprovocation Test (Mannitol Challenge)

