

## Referral to Sleep Physician

**Enquiries: 03 9501 8865**

Please arrange an appointment with the following Physician (*please tick preferred consultant*)

- Dr Paul Huang       Dr Michael Clarence  
 Dr Murad Ibrahim     Dr Ali Aminazad  
 Tick box for first available appointment

**Referrals accepted via Fax: 03 9566 2848**

**Our staff will contact the patient to arrange an appointment.**

### Patient Details

<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms Other:		Surname:	
Given Name(s):			
Date of Birth:	Weight:	Height:	
Address:		Post Code:	
Home Ph:	Work Ph:	Mobile:	
Health Fund:	Fund Number:	Medicare Number:	

### Clinical Details

Please indicate your reasons for referral:

<input type="checkbox"/> Snoring	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Restless Legs	<input type="checkbox"/> Excessive Sleepiness	<input type="checkbox"/> Other Reasons

Relevant medical conditions:

<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Respiratory Conditions	<input type="checkbox"/> Other Reasons

### Referring Doctor's Details

Name:
Address:
Telephone:
Date:
Provider Number:
Doctor's Signature:

### Additional sleep study reports to:

Name:	Address:
Name:	Address:
Name:	Address: