

## Referral to Sleep Physician

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

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

**Enquiries: 03 9501 8865**  
**Fax referral to: 03 9566 2848**  
**Our staff will contact the patient  
to arrange an appointment**

### Patient Details

Mr/Mrs/Ms/Other:  Surname:

Given Name(s):

Date of Birth:  Weight:  Height:

Address:

Post Code:  Medicare Number:

Home Phone:  Work Phone Number:  Mobile:

Health Fund:  Fund Number:

### Clinical Details

Please indicate your reasons for referral:

- Snoring       Insomnia       Restless Legs       Excessive Sleepiness  
 Other Reasons

Relevant medical conditions:

- Diabetes       Heart Conditions       Respiratory Conditions  
 Other Reasons

### Referring Doctor's Details

Name:

Address:

Telephone:

Doctor's Signature:

### Additional sleep study reports to:

Name:

Address:

Name:

Address:

Date:  Provider No: