Sleep Unit

The Victorian Rehabilitation Centre

Sleep Study Request

Enquiries: 03 9501 8865

Referrals accepted via:
Email: vicrehab.sleep@healthscope.com.au
Fax: 03 9566 2848

Patient Details

☐ Mr ☐ Mrs ☐ Ms Other:	Surname:	
Given Name(s):		
Date of Birth:	Weight:	Height:
Address:		Post Code:
Home Ph:	Work Ph:	Mobile:
Health Fund:	Medicare Number:	

Clinical Details

Please indicate your reasons for referral:

Other relevant medical conditions:

Mobility: ☐ Assisted walking ☐ Wheelchair bound **Clinically Urgent:** ☐ No ☐ Yes

Study Type

☐ Diagnostic ☐ CPAP Implementation ☐ CPAP Review ☐ Split Study ☐ MAS

Study Date: Follow-up Date:

Referring Doctor's Details

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

Additional sleep study reports to:

Name:
Address:

Name:
Address:

Name:
Address:

499 Springvale Road, Glen Waverley VIC 3150 | Phone: 03 9566 2777 | Fax: 03 9566 2913
www.vicrehab.com.au
ABN 61 069 962 698 | A Healthscope hospital.