Sleep Study Request

The Victorian Rehabilitation Centre by Healthscope

Sleep Study Request
Enquiries: 03 9501 8865

Referrals accepted via:
E vicrehab.sleep@healthscope.com.au
F 03 9566 2848

Accredited for compliance with ASA Standard for Sleep Disorders Services

Patient Details

☐ Mr ☐ Mrs ☐ Ms Other: | Surname: | Given Name(s):

Date of Birth: | Weight: | Height:

Address: | Post Code:

Home Phone: | Work Phone: | Mobile:

Email: | Health Fund: | Health Fund Number:

Clinical Details

Please indicate your reasons for referral:

Other relevant medical conditions:

Please indicate your reasons for referral:

Mobility: ☐ Assisted walking ☐ Wheelchair bound ☐ Independent | Clinically Urgent: ☐ No ☐ Yes

Study Type

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

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:

The Victorian Rehabilitation Centre
499 Springvale Road, Glen Waverley VIC 3150 | **P** 03 9501 8865 | **E** vicrehab.sleep@healthscope.com.au
thevictorianrehabilitationcentre.com.au
ABN 61 069 962 698