

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: