Referral for a **Home Sleep Study**

Dr Vikas Wadhwa
Sleep & Respiratory Physician (MBBS, FRACP)
MBS Item 12250

406 High Street, Golden Square 3555
Ph: (03) 5447 8827 Fax: (03) 5447 0218

bendigosleeplab
sleep & snoring solutions

Patient Details

Full Name: ..... DOB: ..... M / F

Address: ..... Postcode: .....

Home phone: ..... Mobile: .....

Occupation: .....

Medicare card # (10 digits): ..... Ref # (left of name): .....

Clinical Details

Height (cm): ..... Weight (kg): ..... ESS (on back page): ..... /24

Reasons for referral :

- ❒ Diagnostic
- ❒ MAS (Mandibular Advancement Splint) review
- ❒ Pre-gastric banding
- ❒ CPAP review

- ❒ Snoring
- ❒ Coughing
- ❒ Disturbed sleep
- ❒ Insomnia
- ❒ Witnessed apnoeas
- ❒ Choking
- ❒ Gasping
- ❒ Grinding
- ❒ Wake with headache
- ❒ Always tired
- ❒ Sleepy driving
- ❒ TMJ pain
- ❒ Wake unrefreshed
- ❒ Diabetes 2
- ❒ Depression
- ❒ Stroke
- ❒ Heart disease
- ❒ Hypertension
- ❒ Other: .....

Referring Doctor Details

Name: ..... Stamp:

Address: .....

Phone: ..... Fax: .....

Provider No. (8 characters) .....

Signed: ..... Date: .....

❒ GP ❒ Physician (Cardiologist/ENT) ..... ❒ Dentist

Report: ❒ Routine ❒ Urgent by date .....