

Fax Referral Form to:

**Sleep Clinics Albury**  
Inside Gardens Pharmacy  
Suite 1.5, 470 Wodonga Place  
Albury NSW 2640

E: [admin@sleepclinics.net.au](mailto:admin@sleepclinics.net.au)  
P: (02) 6024 2727 F: (02) 6021 4666

national  
**SleepDiagnostics**

*Sleep well, breathe easy.*

PO Box 115 Oakleigh, VIC 3166  
Ph: 1300 852 997 Fax: 1300 852 998  
Email: [info@sleepdiagnostics.com.au](mailto:info@sleepdiagnostics.com.au)

# Sleep Test Referral

## Ambulatory Home Sleep Test

### Patient Information

<b>Surname</b>		<b>D.O.B.</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female
<b>Given Names</b>					
<b>Address</b>				<b>Postcode</b>	
				<b>Phone</b>	
<b>Medicare No</b>				<b>Private health insurance</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Indications, Symptoms and Health Comorbidities

*Please check where applicable*

- |   |  |
|---|--|
| <input type="checkbox"/> Disruptive snoring                 | <input type="checkbox"/> Daytime sleepiness or excessive fatigue |
| <input type="checkbox"/> Apnoea, choking or gasping         | <input type="checkbox"/> Broken, restless or unrefreshing sleep  |
| <input type="checkbox"/> Insomnia or awakenings             | <input type="checkbox"/> Obesity                                 |
| <input type="checkbox"/> Bruxism                            | <input type="checkbox"/> Hypertension                            |
| <input type="checkbox"/> Nightmares or morning headaches    | <input type="checkbox"/> Diabetes                                |
| <input type="checkbox"/> Nocturia – excessive               | <input type="checkbox"/> Heart disease or CCF                    |
| <input type="checkbox"/> Periodic leg movements (PLMS, RLS) | <input type="checkbox"/> Arrhythmia or palpitations              |
| <input type="checkbox"/> Other: <i>Please specify</i> _____ | <input type="checkbox"/> Sleepy or drowsy driving                |

**Telehealth Consultation**  Yes  No

### Referring Doctor

<b>Date</b>		<b>Provider No.</b>	
<b>Name</b>			
<b>Address</b>			
		<b>Postcode</b>	
<b>Phone</b>		<b>Fax</b>	
<b>Email</b>		<b>Signature</b>	

**Report Preference:** Mail  Fax  Email