St George Private Hospital
Part of Ramsay Health Care

Sleep Laboratory
St George Private Hospital

RHC100.14
Admission Referral

UNIT NO.:	
SURNAME:	
OTHER NAME:	
GENDER: ☐M ☐F	
D.O.B.:	M W D S
ADDRESS:	
DOCTOR:	PENSION No.:
ADMISSION DATE:	

SLEEP STUDY REFERRAL

Dr Steven Lindstrom Dr Elizabeth Clark Dr Peter Cistulli

Fax Completed Form to (02) 9598 5682 Phone: (02) 9598 5573

SECTION 1 - PATIENT DETAILS (to be completed by referring Doctor)

Title: _____ Surname: _____ Given Names: _____

Date of Birth: _____/_____/_____ Sex: ☐ Male ☐ Female

Phone: (H) _____ (W) _____ (M) _____

SECTION 2 - SLEEP STUDY REQUESTED & CLINICAL HISTORY (to be completed by referring Doctor)

Diagnostic and Consultative Services:

☐ Diagnostic sleep study

☐ Consultation with sleep physician after diagnostic sleep study

Treatment Studies
Only to be requested by qualified sleep physicians:

☐ CPAP study

☐ CPAP re-titration study

☐ Oral appliance study

Reason for sleep study referral/consultation (please attach any relevant correspondence):

☐ Chronic snoring ☐ Daytime sleepiness ☐ Wakes unrefreshed ☐ Restless legs
☐ Witnessed apnoeas ☐ Fragmented sleep ☐ Insomnia ☐ Abnormal sleep behaviour

Weight: Height:

Past medical history:

☐ Ischaemic heart disease ☐ Cerebrovascular disease ☐ Lung disease ☐ Cognitive impairment
☐ Cardiomyopathy/CCF ☐ Hypertension ☐ Suspected respiratory failure ☐ Hypothyroidism
☐ Atrial fibrillation ☐ Diabetes

Relevant Medications:

Referring Doctor Details:	**Doctor's Address or Stamp:**
Name of referring Doctor:	
Provider Number: Date: / /	
Referring Doctor Signature:	

Additional Reports to:

Name:	Name:
Address:	Address:

SLEEP STUDY REFERRAL

MR - 1.20

FOLLOWING SECTION TO BE COMPLETED BY THE PATIENT

Demographic Details

Residential Address: **(Not PO Box)** _____ Street: _____

_____ Suburb:_____State:_____Postcode:_____

Phone Nos: (Home)_____ (Mobile):_____ (Work): _____

Email Address: _____

Marital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated ☐ Defacto

Religion:_____ Country of Birth: _____

Language Spoken at Home:_____ Occupation: _____

Indigenous Status: ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither

Medicare Number: | | | | | | | | | | | Ref: Expiry Date:

Admission Referral RHC100.14

Next of Kin Details

Title:_____ Surname: _____ Given Names: _____

Residential Address: _____

_____ Suburb:_____State:_____Postcode:_____

Phone Nos: (Home) _____ (Mobile): _____

Relationship to Patient:_____ Language Spoken: _____

Health Fund Details & Entitlements

Health Fund:_____ Membership Number:_____ Date Joined: _____

Type of Cover: ☐ Single ☐ Family Other level of cover (if known):_____

Do you have an excess: ☐ Yes ☐ No Amount $_____ Have you paid your excess this year: ☐ Yes ☐ No

Have you joined or changed health fund membership in the last 12 months: ☐ Yes ☐ No

INFORMATION FOR PATIENTS HAVING A SLEEP STUDY

Please arrive at 6.30pm for your Sleep Study

Please be punctual.

If you are running late, let us know by ringing (02) 9598 5555

What should I bring?

1. Your medicare/repatriation card and your private health insurance details
2. Comfortable night attire (preferably two piece pyjamas)
   All your usual medications - we do not keep any medications in the Sleep Laboratory. If you usually take night-time sedatives, bring them along too
4. Your own pillow (if you wish)
5. Personal toiletries
6. A change of clothes if you wish for the next day
7. Reading material
8. Your CPAP/BIPAP Machine if you have one and your mask

Where do I go?

On arrival at 6.30pm, go to the Ground Floor Reception Desk. After completing some paperwork, they will take you to the Sleep Laboratory.

Where can I park?

Parking is available at the hospital at a reduced rate for Sleep Study patients.

On Arrival

The sleep technician will arrive to set you up for the night and instruct you as to whether you need a shower before the study begins. If you have a beard please shave under your chin.

Medications

We do not keep any medications in the Sleep Laboratory. It is important to bring along your usual treatment. If you usually take night-time sedatives, bring them along too.

Food & Drink

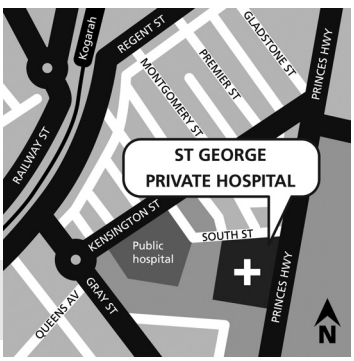
Dinner and a light breakfast will be provided.

Accommodation

Each patient has a private room with its own private bathroom facilities. Internet access and Foxtel are available.

St George Private Sleep Laboratory

St George
Private Hospital
1 South Street
Kogarah NSW 2217



Should you have any queries regarding your Sleep Study booking, please contact (02) 9598 5573