**SLEEP WA**

**Perth Sleep Disorders Centres**

|  |  |
| --- | --- |
| **For All Appointments & Reports**  **Tel: 1300 570 700 Fax :(08) 9386 7844**  **Email:** [**reception@sleepwa.com.au**](mailto:reception@sleepwa.com.au)  **www.sleepwa.com.au** | **Dr Jack Philpott MBBS, FRACP**  **(Respiratory & Sleep Physician)** |

**PLEASE BRING THIS REFERRAL TO YOUR APPOINTMENT**

|  |
| --- |
| **Patient Name:** «patientfullname»  **Address:** «address1» «address2» «address3»  **Phone: H.** «phoneh» **W.** **M.** «phonem»  **Date of Birth:** «phonem»  **Email:** <<email>>  **Medicare No:** «medicarenoandsubnumerate» **DVA No:** «dvano»  **Private Health Insurance:** Yes  No «healthfund» |

**CONSULTATION**

|  |  |  |
| --- | --- | --- |
| **Dr Jack Philpott** | **First Available Consultant** | **Telehealth Consult** |

**RESPIRATORY FUNCTION TESTS**

|  |  |
| --- | --- |
| **1  Spirometry** | **5  Mannitol Challenge** |
| **2  Comprehensive Lung Function Test** | **6  Skin Tests to Common Aeroallergens** |
| **3  Oxygen Therapy Assessment** | **7  Flight Altitude Simulation Tests** |
| **4  Nasal Resistance** | **8  Diving Medical Assessment** |

**SLEEP SERVICES**

|  |  |
| --- | --- |
| **9  Sleep Study** (and Treatment if indicated) **\*** | **12 CPAP Troubleshooting** |
| **10 Insomnia Management**  (includes specialist consult) | **13 Provent Trial**  (and f/u sleep study if indicated) |
| **11 CPAP Trial** | **14 Positional Therapy Trial**  (and f/u sleep study if indicated) |

\*Sleep study either in-lab or at home based on clinical history. Includes spirometry and nasal resistance test.

**CLINICAL DETAILS- MUST BE COMPLETED**

|  |  |  |
| --- | --- | --- |
| **Overweight** | **Restless Sleep** | **Heart Failure** |
| **Snoring** | **Morning Headaches** | **Commercial Driver** |
| **Witnessed Apnoea** | **Diabetes** | **Heavy Machine Operator** |
| **45 Years +** | **Hypertension** | **Morbid Obesity (BMI>40 or >150kg)** |
| **Daytime Somnolence** | **Atrial Fibrillation** | **Mobility Impairment (may need hoist)** |

|  |
| --- |
| **MEDICATIONS**  «printcurrentmedication» |

|  |
| --- |
| **Referring Doctor:** «docname»  **Provider Number:** «docprov»  **Referring Doctor’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_**Date:** «datel»  **Surgery:** «sitename»  **Address:** «siteaddr1» «siteaddr2» «siteaddr3»  **Phone:** «sitephone»  **Fax:** «sitefax»  **Copy of Report To:** Click here to enter text. |

**Your** doctor has recommended that you use Sleep WA. You may use another provider but please discuss this with your doctor first)

**LOCATIONS**

|  |  |
| --- | --- |
| **Claremont:** | **Bethesda Hospital 25 Queenslea Drive** Services: Inpatient sleep lab only |
| **Nedlands:** | **Testing: Suite 7, 95 Monash Ave (Hollywood Specialist Centre)**  **Dr Consult: Suite 38, 85 Monash Ave (Hollywood Medical Centre)**  Services: All Services including consultation |
| **Rockingham:** | **Waikiki Private hospital, 221 Wilmott Drive (Cnr Gnangara Drive) Waikiki WA 6169**  Services: Consultation, Inpatient & Home Sleep Studies, CPAP management and  limited Respiratory testing. |
| **South Perth:** | **Southbank Day Surgery, 38 Meadowvale Ave** Services: Inpatient sleep lab only |

**SLEEP WA OFFICE USE ONLY**

|  |  |  |  |
| --- | --- | --- | --- |
| Consultation | C > SS | CLF > C | Urg Consult < 2 weeks |
| S S Only | SS > C | SPIRO > C | Urg CPAP |
| More information: Snoring  Apnoea  Obesity  > 45 Years  EDS Bed Rails Hoist Other: | | | |
| Info Reviewed; Send ACK | | | |