**SLEEP WA**

**Perth Sleep Disorders Centres**

|  |  |
| --- | --- |
| **For All Appointments & Reports****Tel: 1300 570 700 Fax :(08) 9386 7844****Email:** **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  |