Respiratory Sleep Disorders Clinic

Referral to*:

Dr Bhajan Singh – FRACP, Phd
Dr David Hillman - FANZCA, FRCP(Edin), FRACP(Hon)
Dr Alan James - FRACP
Dr Stewart Cullen - FRACP
Dr Nigel McArdle - FRACP
Dr Richard Warren – FRACP
Dr Jeanie Leong – FRACP
Dr Scott Phung – FRACP
Dr Ivan Ling – FRACP
Dr Christopher Kosky – FRACP

☐ 1st Available appointment DR B SINGH

or

☐ Preferred specialist_____

*** ALL SERVICES & INVESTIGATIONS ARE BILLED FOR ALL PATIENTS**

To assign priority, it is necessary to complete this form and return it to the Sleep Clinic before an appointment can be arranged. Thank you.

PATIENT DETAILS		REFERRING DOCTOR
NAME		NAME
ADDRESS		ADDRESS
POSTCODE		
DOB / / SEX Male / Female		POSTCODE
Ph: (H)	(W)	Ph: E-mail:
Mobile:		FAX: DATE / /
HT: cm	WT: kg	**REFERRAL PERIOD Indefinite ☐ / ____ months ☐**
MEDICARE NO	Ref: EXP /	SIGNATURE
PENSIONER / HEALTH CARE / SENIORS CARD	YES / NO	
VETERAN AFFAIRS Gold / White/ Blue (please circle)		PROVIDER NUMBER

CLINICAL PROBLEM / REASON FOR REFERRAL

(attach separate referral letter if more space required)

CURRENT OCCUPATION (May influence priority for consultation)

SPECIFIC PATIENT SYMPTOM INFORMATION

	YES	NO	Details/Comments
Driving/Employment affected by sleepiness/fatigue? (eg dozing at lights, running off road, recent MVA)	☐	☐	

COMORBIDITIES

Have any of the following conditions been diagnosed in this patient? (please tick)

☐ Obstructive Lung D. eg COPD, asthma	☐ Vascular D.* eg CVA, TIA	☐ Peripheral Oedema (right heart failure)
☐ Chest Wall D* eg kyphoscoliosis	☐ Cardiac Failure	☐ Hypertension
☐ Hypercapnic Resp. Failure ↑PaCO2	☐ Ischaemic Heart D.	☐ Diabetes
☐ Neuromuscular Disease*	☐ Morbid Obesity + (BMI >50)	☐ Other*

* Specify

✉ MAIL OR FAX COMPLETED FORM TO:

Sleep Disorders Clinic
Internal Mailbox 201
Queen Elizabeth II Medical Centre
Hospital Avenue
NEDLANDS WA 6009

Tel: (08) 6457 2422
Fax: (08) 6457 2822