



St Vincent's Sleep Disorders Clinic

Tel: 1300 850 762
Fax: 1300 850 798
Dalley Street, Lismore NSW 2480



Dr John L. Corbett
MB, BS (Hons), FRCP (UK), FRACP,
MA (Oxford), DPHIL (Oxford), MACLM
Associate Professor, University of Queensland
CONSULTANT NEUROLOGIST & SLEEP PHYSICIAN

Dr Sean L. Tolhurst
BSc (Hons), BMBS (Hons), RPPST, FRACP
CONSULTANT PHYSICIAN
THORACIC & SLEEP PHYSICIAN

Please fax your referral to 1300 850 798
and our staff will contact the patient with the next available appointment.

SLEEP STUDY REFERRAL

Attended, in-patient 'Level 1' polysomnography,
and necessary related studies.

Patient's Name: _____ D.O.B: _____

Patient's Telephone Number: _____

Patient's Email Address: _____

Uninsured Self-Funded Private Hospital Insurance DVA

Tests Ordered

Sleep Study EEG - Standard EEG - Overnight

CLINICAL DETAILS: PLEASE TICK THE RELEVANT BOXES

Sleep Hx

- Witnessed apnoea
- Chronic snoring
- Wakes unrefreshed
- Daytime lethargy,
hypersomnolence
- Restless legs, abnormal
sleep behaviour

CLINICAL NOTES:

Other Medical Hx

- Heart disease
- Diabetes
- Obesity
- Hypothyroidism
- Asthma
- Hypertension
- Insomnia

Referring Doctor : _____

Provider No : _____ Date: / /

Referring Doctor's Signature : _____

DOCTOR'S STAMP

PATIENT INFORMATION

CHECK IN TIME: 7.00pm sharp

CHECK OUT TIME: 6.00am.

IF YOU ARE ILL: Please telephone as soon as possible to re-book your appointment, and at least 24 hours in advance if you have a cold or flu. It is **most important** that you give us this amount of notice.

PREPARATION: Please wash your hair on the day of the study. Do not use hair oils, conditioners, hair sprays or gels.

WHAT TO BRING:

- **Medicare/Veterans Affairs card**
- **Your completed questionnaire**
- Two-piece pyjamas with front opening top
- Material to read
- Personal toiletry items
- Any medications (none will be supplied by our staff)
- Alcohol (in moderation) which you would normally consume before retiring
- Personal items to help you sleep, such as your own pillow