

- S**noring
- N**arcolepsy
- O**bststructive sleep apnea
- R**estless legs
- E**xcessive daytime sleepiness



Snore Australia Pty Ltd ABN 73 144 906 285

ALL REFERRALS TO:

Administration Centre
 25A Olympic Circuit, Southport QLD 4215
freecall 1800 076 673
fax referral (07) 5571 0682
email snore@snoreaustralia.com.au
web snoreaustralia.com.au

Please send your referral by FAX to (07) 5571 0682
via Medical Objects to Dr Sean Tolhurst & Associates
or email referral to: snore@snoreaustralia.com.au

Our staff will contact the patient with the next available appointment.

SLEEP STUDY REFERRAL

(This referral is also for associated specialist consultation where appropriate)

Bulk Billed 'Level 1' Sleep Studies for all 'SNORE' patients and Private Hospital in-patients

Patient's Name: D.O.B:

Patient's Telephone Number:

Patient's Email Address:

- Uninsured
 Self-Funded
 Private Hospital
 DVA

TESTS ORDERED

- Sleep Study
 Sleep Study with PEEG (List Clinical Details below)
 CPAP Reassessment

CLINICAL DETAILS: PLEASE TICK THE RELEVANT BOXES

Sleep History

- Witnessed apnoea
- Disruptive snoring
- Waking unrefreshed
- Daytime lethargy, hypersomnolence
- Restless legs, abnormal sleep behaviour

CLINICAL NOTES:

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Referring Doctor:

Provider No: **Date:**/...../.....

Referring Doctor's Signature:

Other Medical History

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

DOCTOR'S STAMP

NSW QLD TAS VIC

www.snoreaustralia.com.au