

# Referral Form



**NOTE FOR REFERRING DOCTORS:** Patients under 18 years of age should be referred to a paediatric sleep physician.

Blacktown  
Hornsby  
Hurstville  
Rockdale

Gosford  
Newcastle  
Toukley  
Wyong  
Central West

## Reporting physicians

Dr. Alex Erdstein FRACP  
Dr. George Hamor FRACP

Tel **02 4339 1222**  
Fax **02 4339 1617**

Please fax your referral to **02 4339 1617** or email [referrals@pacificsleep.com.au](mailto:referrals@pacificsleep.com.au).  
Patients: Please bring this referral to your appointment.

Patient name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

- Commercial driver's licence  Work Cover / Rail Safety

## SYMPTOMS AND MEDICAL CONDITIONS

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Hypertension    | <input type="checkbox"/> Snoring          | <input type="checkbox"/> Atrial fibrillation  |
| <input type="checkbox"/> Cardiac failure | <input type="checkbox"/> Overweight       | <input type="checkbox"/> Daytime somnolence   |
| <input type="checkbox"/> Stroke / TIA    | <input type="checkbox"/> Pacemaker        | <input type="checkbox"/> Family history (OSA)   |
| <input type="checkbox"/> COPD            | <input type="checkbox"/> Type II Diabetes | <input type="checkbox"/> Clinical history<br><i>(optional, attach notes to this referral)</i> |
| <input type="checkbox"/> Other: _____    |   |   |

## REQUEST FOR (please tick the appropriate box/boxes)

- Home diagnostic sleep study (includes consultation with the reporting physician)
- Implement CPAP treatment
- Annual review including CPAP download & equipment check
- Supply of DVA approved equipment & services  Supply of oxygen concentrator

Other:

## REFERRING DOCTOR

Referring Dr. name \_\_\_\_\_

Practice name \_\_\_\_\_ Provider no. \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Referring Dr. signature \_\_\_\_\_ Referral date \_\_\_\_\_

## Pacific Sleep locations

### **Blacktown**

34 Campbell Street  
Blacktown NSW 2148

### **Hornsby**

2 Summers Avenue  
Hornsby NSW 2077

### **Toukley/Wyong**

Suite 5/1a London Drive  
Wyong NSW 2259

### **Cowra**

110 Kendal Street  
Cowra NSW 2794

### **Newcastle**

663 Glebe Road  
Adamstown NSW 2289

### **Rockdale**

Shop 2, Rockdale Plaza  
Rockdale Plaza Drive  
Rockdale NSW 2216

### **Gosford**

55 Hills Street  
North Gosford NSW 2250

### **Parkes**

Parkes General Practice  
25 Church Street  
Parkes NSW 2870

### **Hurstville**

1 Park Road  
Hurstville NSW 2220

Approved DVA Supplier providing  
CPAP equipment for eligible DVA clients.

Registered NDIS Provider

### **Referrals**

Please send your referral to us by fax on

**02 4339 1617**

or email to

**[referrals@pacificsleep.com.au](mailto:referrals@pacificsleep.com.au)**

### **Information**

For more information, please call our office on

**02 4339 1222**

or send us an email at

**[info@pacificsleep.com.au](mailto:info@pacificsleep.com.au)**

or visit our website

**[www.pacificsleep.com.au](http://www.pacificsleep.com.au)**