



PHILLIP: (02) 6162 1802
 • 61 Dundas Court • Fax: (02) 6162 1812
 • Email: reception@sleepandlifestyle.com.au

BRUCE: (02) 6201 5843 • Faculty of Health Clinics, University of Canberra
 Health Hub, Level C • Cnr Ginninderra Drive & Allawoona Street
 • Fax (02) 6201 5666 • Email: healthclinic@canberra.edu.au

• Website: www.sleepandlifestyle.com.au

Sleep Physician: Dr David Michail M.B.B.S., F.R.A.C.P. • PO Box 3655, Weston ACT 2611 • Appointments: 6162 1802

Referral is required prior to appointment booking

Please fax referral to either

Phillip 6162 1812
Bruce 6201 5666

Give the original to the patient to make their appointment.
 (If you have any urgent clinical concern ring 6162 1802)

Locations:

PHILLIP

61 Dundas Court

BRUCE

Health Hub, Level C

**Cnr. Ginninderra Drive & Allawoona Street
 University of Canberra**

HOME SLEEP STUDY – REFERRAL FORM

PATIENT / CLINICAL DETAILS

Name D.O.B

Address..... Postcode

Email Mobile

Tel (H/W) GENDER Male Female

General pHx Hypertension Heart Failure Ischaemic Heart Disease
 Diabetes Atrial Fibrillation Overweight/Obesity

Other:

Sleep pHx Snoring Witnessed apnoeas Daytime tiredness or sleepiness
 Poor Sleep Choking or gasping Insomnia Nocturia

Other:

TYPE OF SERVICE Sleep Study and Treatment Sleep Study only Treatment

REFERRING DOCTOR

Name Tel

Provider No Fax/Email:

Address Postcode

Signature Date / /

Copy to

**Sign and date
 this section.**

To make an appointment see overleaf