



Australia Wide Bookings: 1300-TOSLEEP (1300-8675337)
Postal Address: P.O.Box 1046, Hawthorn Vic 3122
Tel: (03) 9832 2299 **Fax:** (03) 9832 2295
Website: www.sleepservicesaustralia.com.au
 Suite 108, 12 Cato Street, Hawthorn East Vic, 3123



Bookings (Sleep Studies and Treatment)
Tel: Willoughby, Sydney: (02) 9958 0410
Tel: University of Canberra ,Canberra (02) 6201 2883
Bookings (Treatment only)
Tel: Darlinghurst, Sydney (02) 8382 6935
Postal Address: PO Box 3655, Weston ACT 2611
Website: www.sleepandlifestyle.com.au

TYPE OF SERVICE

- Sleep Study and Treatment
- Sleep Study only
 - Diagnostic
 - MAS
 - CPAP

PATHOLOGY ONLY

Test panel: \$\$\$L
Bill to Code: 4LEEP
ID BARCODE:

COLLECTION CENTRE ID:

OUT OF HOSPITAL SLEEP STUDY / TREATMENT FORM

PATIENT DETAILS

Name:.....
 D.O.B:.....
 Address:.....

 Postcode:.....
 Tel (H):.....
 Tel (W):.....
 Mob:.....
 Medicare No:.....
 SEX Male Female
 Ht:.....Wt:.....BP:.....

REFERRING DOCTOR

Name:.....
 Tel:.....
 Fax:.....
 Address:.....

 Signature:.....
 Date:...../...../.....
 Provider No:.....
 Follow up date:...../...../.....
 Copy to (Dr):.....

Please ensure you complete this section

CLINICAL DETAILS

General phx

- Heart Disease
- Hypertension
- Obesity
- Other:.....
- Diabetes
- Asthma

Sleep phx

- Snoring
- Insomnia
- Daytime tiredness or sleepiness
- Witness apnoeas
- Choking or gasping
- ESS score:...../24

OUT OF HOSPITAL SLEEP STUDY

You will visit the clinic on the day of your out of hospital study night, for instructions and collection of the sleep monitoring device. This appointment will take approximately one hour. You will wear the device overnight which will monitor your breathing, brain activity, heart rate and body movement using several simple sensors applied to your skin. You will need to return the monitoring device to the office from which you collected it, before 10:00am.

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CPAP TREATMENT

Your consultations will be with an experienced respiratory physiotherapist or scientist. The initial appointment for education and mask fitting will be for approximately one hour. An appropriate mask will be chosen for comfort and fit. You will practice with the mask and learn how to use the CPAP device at home. We will let you know how to contact us should you have any problems or queries.

Bookings for Treatment:

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APPOINTMENT & CONSENT

Appointment Date:...../...../..... and time.....

I.....give consent for Sleep Services Australia to release my sleep study results to

Signature:.....Date:...../...../.....