



Reporting Physician
 Dr Geoffrey Williams
 Chest & Sleep Physician
 Provider No: 40845BA

87 Charters Towers Road
 Hyde Park, QLD 4812
 P 07 4772 2473 F 07 4724 3265
 E hydepark@cateschemist.com.au

Diagnostic Tests - Referral Pad

Referral Date: __/__/__

Services Requested

- € Overnight Ambulatory Investigation for Obstructive Sleep Apnoea (please confirm eligibility criteria below) – Bulk Billed
- € CPAP Treatment Trial
- € CPAP Treatment Review

Patient Details

Name: _____ Date of Birth: __/__/__ Gender: ____
 Address: _____

 Phone: _____ Medicare No: _____

Sleep Study eligibility criteria (two or more required) please tick as appropriate

- € Witnessed Apnoea or Choking
- € Regular Loud Snoring
- € Regular Fatigue or Sleepiness
- € CV Risk – Obesity (BMI > 30), Hypertension, Cardiac Disease, Diabetes
- € Epworth Sleepiness Scale (see over): _____

Referring General Practitioner

Doctor: _____ Provider No: _____
 Address: _____
 _____ Phone: _____

Signed: _____



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