

Level 1, Suite 3, 1 Gregory Hills Drive, Gledswood Hills, NSW 2557

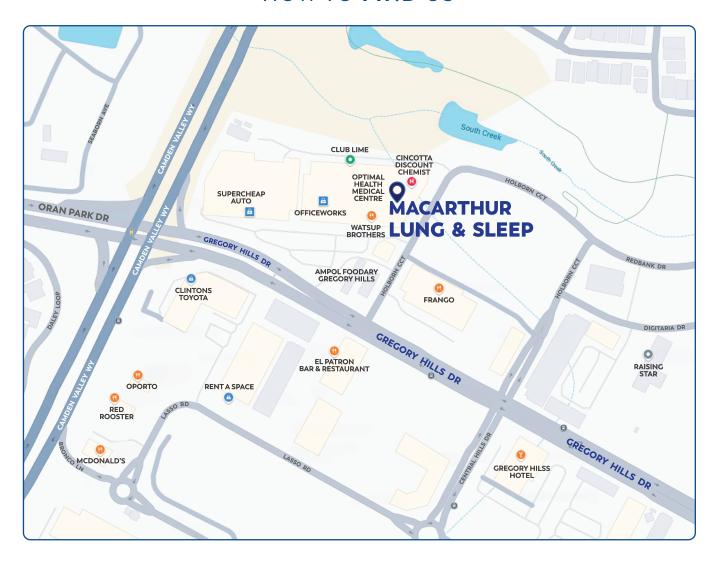
TEL **02** 9058 5819 ● FAX **02** 9475 5439 EMAIL admin@macarthurlungsleep.com.au

POLYSOMNOGRAPHY REQUEST FORM

PATIENT DETAILS		
NAME		
DOB	MALE FEMALE	
ADDRESS		
PHONE		
E-MAIL		
	Complete all details or affix patient label here.	

REQUEST FORM	Complete all details or affix patient label here.		
CLINICAL DETAILS			
Previous sleep study within 12 months? Yes / No. If yes, what type of study:			
Adult Laboratory Diagnostic Sleep study (12)			
Contraindication to unattended home sleep Suspected sleep hypoventilation Suspected central sleep apnoea Presence of advanced respiratory / cardiac/ note presence of acromegaly or hypothyroidism Suspected parasomnia Suspected seizure disorder Suspected sleep related movement disorder Unexplained hypersomnolence Intellectual disability or cognitive impairment Physical disability with inadequate carer atter Consumer preference (anxiety regatding home disruption based on distance to be travelled, or previous failed or inconclusive home sleep stu	euromuscular disease ndance ne sleep study, unreasonable cost / or unsuitable home circumstances)		
Failed In-Laboratory Diagnostic Sleep study of defined as sleep efficiency ≤ 25% (12208)	lue to insufficient sleep,		
Portable Home Diagnostic sleep study (12250) CPAP titration (12204) or CPAP Review Stud Bi-Level PAP titration (12204) or Bi-Level PAP Review Study (12205) Treatment effectiveness (review) study (122 Oral appliance Upper airway surgery >10% weight loss in previous 6 months other (prov	Mask / PAP Settings 05) vide details)		
 Nocturnal PSG + MSLT (12254) - ☐ with PAF Nocturnal PSG + MWT (12258) - ☐ with PAF Stimulant : Modafinil / Armodafinil / Dexam):		
	OCTOR DETAILS		
Please stamp / insert details (Including provider number)			
	SIGNATURE		
	DATE		
	☐ Please tick here to request more referrals		

HOW TO FIND US





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