



Maryvale Sleep Laboratory

286 Maryvale Rd
Morwell
VIC 3840

Dr Barton Jennings MBBS FRACP

Respiratory and Sleep Physician
Provider No: 246566CF

Sleep study appointments and enquiries

Phone: 5132 1201

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Request for diagnostic sleep study

Patient Details

Name: _____

Address: _____

D.O.B: _____ Sex: Male Female

Contact No: *Home* _____

Mobile _____

Medicare No: _____

Health Fund: _____

Member No: _____

Referring Doctor

Name: _____

Address: _____

Contact Number: _____

Provider Number: _____

Signature: _____

Referral Date: _____

Clinical Details

Relevant Medical Conditions

- | | |
|---|--|
| <input type="checkbox"/> Ischemic Heart Disease | <input type="checkbox"/> COPD |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Cardiac Failure |

Symptoms

- | | |
|---|--|
| <input type="checkbox"/> Disturbed sleep | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> Daytime sleepiness | <input type="checkbox"/> Nocturnal choking |
| <input type="checkbox"/> Unrefreshing sleep | <input type="checkbox"/> Witnessed apnoeas |

- Upon receipt of this referral, your patient will be contacted to arrange a time for the requested sleep study
- A formal report will be sent to the referring doctor following the study