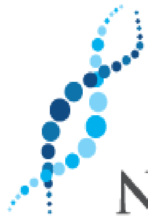
NT MEDICAL SPECIALIST

21 Vanderlin Drive,
WANGURI NT 0810
PO Box 43347, Casuarina NT 0810
ABN: 76 671 785 903

T 08 8927 7026
F 08 8927 7038
ntmedicalspecialist@bigpond.com
www.ntmedicalspecialist.com.au

# REFERRAL FOR CONSULTATION / SLEEP STUDIES

| Patient details | Surname | | DOB | | |
|---|---|---|---|---|---|
| | Given name | | Gender | ☐ M | ☐ F |
| | Address | | Tel (H) | | |
| | | | Tel (M) | | |
| | | | Tel (W) | | |
| Referring doctor | Name | | | | |
| | Provider no | | | | |
| | Address | | | | |
| | Tel | Fax | Email | | |
| Insurance Status | ☐ Insured | ☐ Uninsured | ☐ DVA | ☐ Defence | |
| Indication(s) | | | | | |
| Clinical | ☐ Snoring | | ☐ Excessive daytime sleepiness | | |
| | ☐ Apnoea | | ☐ Insomnia | | |
| | ☐ Unrefreshing sleep | | ☐ Restless legs | | |
| | ☐ Poor concentration/memory | | ☐ Occupational | | |
| | Others (Please specify) | | | | |
| Request | ☐ Consultation prior to study | | ☐ Dental device review study | | |
| | ☐ Diagnostic sleep study | | ☐ MSLT | | |
| | ☐ CPAP implementation study | | ☐ MWT | | |
| | ☐ CPAP treatment review study | | | | |
| | Others (Please specify) | | | | |
| Priority | ☐ Urgent | ☐ Semi-urgent | ☐ Non-urgent | | |
| Date of request | | Signature of requesting doctor | | | |



# NT MEDICAL SPECIALIST

A team of experienced and highly qualified Specialists providing personalised care.

## Gastroenterology

## Sleep and Respiratory

## Inpatient Sleep Lab

## General Medicine

## Western Diagnostics Pathology

## Dermatology

## Oncology

## Dietetics

## Psychology

We are located at
21 VANDERLIN DRIVE, WANGURI NT 0810
PO BOX 43347, CASUARINA NT 0810
TEL: 08 8927 7026    FAX: 08 8927 7038
Email: ntmedicalspecialist@bigpond.com
Opening Hours: Monday to Friday 8.00am to 4.30pm.  After Hours and Weekends: By Appointment