

# Mitcham Private Sleep Centre - Melbourne

# Sleep Physician Referral Form

Email to [sleepcentre.mph@ramsayhealth.com.au](mailto:sleepcentre.mph@ramsayhealth.com.au) or Fax to 9210 3290

<input type="checkbox"/> <b>For initial consultation - sleep test - follow-up consultation</b>									
<b>Please tick your preferred consultant.</b> Leave blank for first available appointment <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Dr Andrew Gillman</td> <td style="width: 33%;"><input type="checkbox"/> Dr Paul Leong</td> <td style="width: 33%;"><input type="checkbox"/> Dr James Ward</td> </tr> <tr> <td><input type="checkbox"/> Dr Nicole Goh</td> <td><input type="checkbox"/> Dr Vivek Malipatil</td> <td><input type="checkbox"/> Dr Nicholas Wilsmore</td> </tr> <tr> <td><input type="checkbox"/> Dr Murad Ibrahim</td> <td><input type="checkbox"/> Dr Anthony Sasse</td> <td><input type="checkbox"/> Dr Penny Wong</td> </tr> </table>	<input type="checkbox"/> Dr Andrew Gillman	<input type="checkbox"/> Dr Paul Leong	<input type="checkbox"/> Dr James Ward	<input type="checkbox"/> Dr Nicole Goh	<input type="checkbox"/> Dr Vivek Malipatil	<input type="checkbox"/> Dr Nicholas Wilsmore	<input type="checkbox"/> Dr Murad Ibrahim	<input type="checkbox"/> Dr Anthony Sasse	<input type="checkbox"/> Dr Penny Wong
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<b>Patient Details</b>									
Names: _____									
Address: _____									
Telephone /mobile number: _____ DOB: _____									
<b>Referring Doctor details</b>									
Name: _____ Provider number: _____									
Address: _____									
Email: _____ Telephone number: _____									
<b>Reason for the referral</b>									
<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Snoring /Sleep Apnoea</td> <td><input type="checkbox"/> Insomnia</td> <td><input type="checkbox"/> Restless legs</td> <td><input type="checkbox"/> Excessive sleepiness</td> </tr> </table> <p><b>Other medical conditions:</b></p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Heart disease</td> <td><input type="checkbox"/> Epilepsy</td> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Lung disease</td> </tr> </table> <p style="text-align: right;">Doctor's signature: _____</p>	<input type="checkbox"/> Snoring /Sleep Apnoea	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Restless legs	<input type="checkbox"/> Excessive sleepiness	<input type="checkbox"/> Heart disease	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Asthma	<input type="checkbox"/> Lung disease
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## Mitcham Private Sleep Centre

36 Doncaster East Road  
Mitcham VIC 3132

**Ph:** 9210 3224

**Fax:** 92103290

**Email:** [sleepcentre.mph@ramsayhealth.com.au](mailto:sleepcentre.mph@ramsayhealth.com.au)



Accredited for compliance with ASA  
Standard for Sleep Disorders Services