

# Referral Form

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

- For consultation - sleep test - consultation       For Sleep test - consultation  
 For sleep test (This option for ENT, dentist only)

**Please tick your preferred consultant.** Leave blank for first available appointment

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Dr Ali Aminazad   | <input type="checkbox"/> Dr Murad Ibrahim   | <input type="checkbox"/> Dr James Ward        |
| <input type="checkbox"/> Dr Andrew Gillman | <input type="checkbox"/> Dr Vivek Malipatil | <input type="checkbox"/> Dr Nicholas Wilsmore |
| <input type="checkbox"/> Dr Nicole Goh     | <input type="checkbox"/> Dr Anthony Sasse   | <input type="checkbox"/> Dr Penny Wong        |

### Patient Details

Names: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone /mobile number: \_\_\_\_\_ DOB: \_\_\_\_\_

### Referring Doctor details

Name: \_\_\_\_\_ Provider number: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone number: \_\_\_\_\_

### Reason for the referral

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Snoring /Sleep Apnoea    Insomnia    Restless legs    Excessive sleepiness

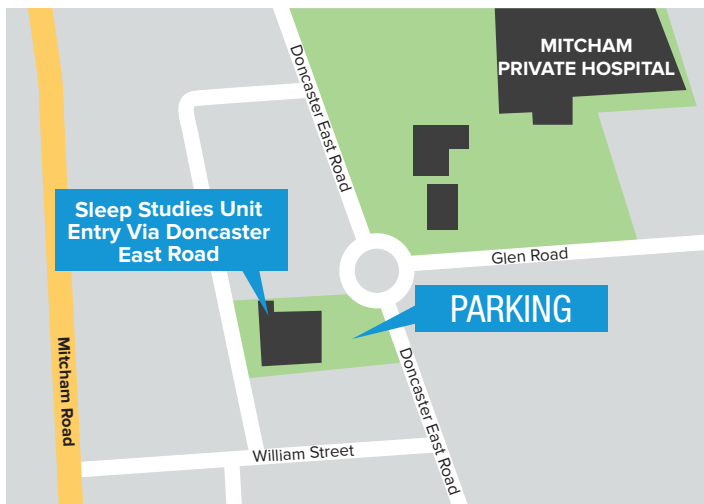
### Other medical conditions:

\_\_\_\_\_

\_\_\_\_\_

Heart disease    Epilepsy    Diabetes    Asthma    Lung disease

Doctor's signature: \_\_\_\_\_



### 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



## Mitcham Private Hospital

Part of Ramsay Health Care