Peninsula Health
Sleep Lab & Clinic

# APPLICATION FOR HOSPITAL PROVIDED CPAP MACHINE REFERRAL

Phone: (03) 9788 1705
Fax: (03) 9788 1875

UR NUMBER .....
SURNAME .....
GIVEN NAMES .....
PHONE NUMBER .....
DATE OF BIRTH ..... Gender .....
Please fill in if no Patient Label available

App.20/2/18 Print Code:15406

PHF352600?

**Patient Details**

Surname: ..... First Name: .....

Date of Birth: ..... Age .....

Hospital UR: .....

Address: .....

.....

Contact phone no: .....

Pension/Health Care Card: .....

**Sleep Study Details**

Where was the sleep study done .....

When was sleep study done.....

Total sleep time.....

Total AHI .....

Suggested pressure .....

**Respiratory Physician Details**

| ☐ **Dr Gary Braun** | ☐ **A/Prof David Langton** | ☐ **Dr Sameer Kaul** | ☐ **Dr Nick Manolitsas** | ☐ **Dr Juan Mulder** | ☐ **Dr Joy Sha** |
|---|---|---|---|---|---|
| **12929JW** | **38910BH** | **2681459J** | **434446B** | **263629BB** | **4089279X** |
| 267 Cranbourne Rd | 34 Cranbourne Rd | 267 Cranbourne Rd | 267 Cranbourne Rd | 34 Cranbourne Rd | |
| Frankston 3199 | Frankston 3199 | Frankston 3199 | Frankston 3199 | Frankston 3199 | |
| Ph: 9776 6933 | Ph: 9770 0099 | Ph: 9776 6933 | Ph: 9776 6933 | Ph: 9770 0099 | |
| ..... | ..... | ..... | ..... | ..... | ..... |
| Signature | Signature | Signature | Signature | Signature | Signature |
| ..... | ..... | ..... | ..... | ..... | ..... |
| Date | Date | Date | Date | Date | Date |

Please fax this form to the **Sleep Laboratory** on **9788 1875** and your patient will be contacted with an appointment time

***Office Use Only***

Criteria met and application approved: ..... (name) ..... (date)

Patient contacted on ..... (date)

Clinic appointment made on: ..... (date)

## APPLICATION FOR HOSPITAL PROVIDED CPAP MACHINE

**A patient may be eligible for a hospital provided CPAP pump provided they meet the following criteria:**

1. The referral can only be made by a respiratory physician on the staff of Frankston Hospital.
2. The sleep study must show a total sleep time of greater than or equal to 180 minutes.
3. The sleep study must show an AHI of greater than 20.
4. The patient must reside in the catchment area loosely called the Mornington Peninsula.
5. The age of the patient must be between 18 and 84.
6. The patient must have a current pension card or a health care card in their own name and should not have an alternative funding stream such as DVA
7. The patient must want to commence CPAP therapy.
8. The patient must be willing to attend the CPAP clinic at Frankston Hospital for ongoing follow up.

**If your patient meets the above criteria, please complete the application.**

20/2/18 Print Code:15406 Referral link

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MR/352600