

Peninsula Health
Sleep Lab & Clinic

**APPLICATION FOR HOSPITAL
PROVIDED CPAP MACHINE
REFERRAL**

Phone: (03) 9788 1705
Fax: (03) 9125 8487

UR NUMBER
SURNAME
GIVEN NAMES
PHONE NUMBER
DATE OF BIRTH
Please fill in if no Patient Label available App.10/10/2023 Print Code:15406



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

<input type="checkbox"/> Dr Gary Braun 12929JW 267 Cranbourne Rd Frankston 3199 Ph: 9776 6933	<input type="checkbox"/> A/Prof David Langton 38910BH 34 Cranbourne Rd Frankston 3199 Ph: 9770 0099	<input type="checkbox"/> Dr Sameer Kaul 2681459J 267 Cranbourne Rd Frankston 3199 Ph: 9776 6933	<input type="checkbox"/> Dr Nick Manolitsas 434446B 267 Cranbourne Rd Frankston 3199 Ph: 9776 6933	<input type="checkbox"/> Dr Juan Mulder 263629BB 34 Cranbourne Rd Frankston 3199 Ph: 9770 0099	<input type="checkbox"/> Dr Joy Sha 4089279X
..... Signature	..... Signature	..... Signature	..... Signature	..... Signature	..... Signature
..... Date	..... Date	..... Date	..... Date	..... Date	..... Date

Please fax this form to the **Sleep Laboratory** on **9125 8487** 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.

10/10/2023 Print Code:15406 Referral link

APPLICATION FOR HOSPITAL PROVIDED CPAP MACHINE REFERRAL

MR/352600