

► **Patient name** **D.O.B.** **DVA Gold Card:**
Email ► **Phone** **Commercial Driver:** ☐ YES ☐ NO
► *Indicates essential information required* **NDIS patient:** ☐ YES ☐ NO
QHealth patient: ☐ YES ☐ NO

HOW TO REFER

- 1** Please recall your patient to discuss the sleep study results and recommendations as per Medicare guidelines:
Medicare recommends results and treatment options following any diagnostic sleep study should be discussed during a professional attendance with a medical practitioner before the initiation of any therapy.
If there is uncertainty about the significance of test results or appropriate management for that individual, then referral to a Sleep or Respiratory Medicine Specialist is recommended by Medicare.
Please Note: If in the future you do not want to manage your patient's sleep study results, please send a referral to the Sleep Physician BEFORE having a Sleep Study. (fees apply).
- 2** Once you have recalled your patient to discuss the results and recommendations, mySleep need a clear directive on how you want your patient managed.
Please send this referral to mySleep with the required Treatment option ticked (CHOOSE BELOW):
OPTION A - Refer for Recommended Therapy:
Select either - CPAP/ APAP Treatment Trial (includes DVA, NDIS & QHealth) - Mandibular Advancement Splint - Positional Avoidance Therapy Trial.
OPTION B - Refer for Independent Sleep Physician Consultation (fees apply):
Select "Independent Sleep Physician Consultation". This is a good option for any patient, however strongly recommended if: the report states that they should see a specialist, you are unsure if your patient requires treatment, your patient has a complex health history, your patient is resistant to treatment or would like to discuss different treatment options with an independent Sleep Physician.
OPTION C - Existing patient on CPAP Therapy:
Select "CPAP Treatment Review" for any patients already on treatment who need assistance, settings changed or a data download.
OPTION D - Home Visit Required for Support & Supply of Equipment:
For eligible DVA and NDIS patients. A mobile service is available on request. mySleep is an accredited DVA and NDIS supplier.
OPTION E - Advise mySleep that you or another health professional will manage the patient:
Select "Manage Patient Independently", this is to ensure the patient's case is well documented.

PLEASE ADVISE

- ☐ Existing mySleep (patient has done a sleep study or CPAP Trial with mySleep)
☐ New Patient (patient has done a Sleep Study or CPAP Trial elsewhere, please provide the results)

TREATMENT PATHWAY

Choose a Treatment Pathway AFTER you have discussed the Sleep Study results with your patient:

- ☐ **CPAP/APAP Treatment Trial** (as recommended by a Sleep Physician to treat sleep apnea)
☐ **Mandibular Advancement Splint** (as recommended by a Sleep Physician to treat snoring and or sleep apnea) – we can recommend local Dentists
☐ **Positional Avoidance Therapy Trial** (as recommended by a Sleep Physician to treat sleep apnea)
☐ **CPAP Therapy Review** (for any patient on treatment that may need assistance, equipment review or download)
☐ **Home Visit Required for Support & Supply of Equipment** (for eligible DVA and NDIS patients)
☐ **Independent Sleep Physician Consultation** (mySleep can discuss local independent Sleep Physician options with the patient).
Please Note: As this is an external service, once the patient decides upon a Sleep Physician you will be required to send us a new referral addressed to that physician on plain letterhead.
☐ **Manage Patient Independently** (the patient's treatment will be the responsibility of the GP or an alternative health professional)

Notes: _____

FOR THIS REFERRAL TO BE VALID, PLEASE ENSURE THE FOLLOWING DETAILS ARE COMPLETED:

► **Referring Dr. Name:** _____ **Phone:** _____ **Fax:** _____
Provider Number: _____ **Email:** _____
Practice Name: _____
Address: _____
► **Referral Date:** _____
► **Signature:** _____
► *Indicates essential information required*

For more information or clarification on referring patients please contact your dedicated local Representative or call us on **1300 605 700**

Upper Mt Gravatt
1722 Logan Rd
QLD 4122

Greenslopes
496 Logan Rd
QLD 4120

North Lakes
1/100 Flinders Parade
QLD 4509

Chermside
960 Gympie Rd
QLD 4032