

TREATMENT & MANAGEMENT REFERRAL FORM Please send your referral to us by Fax: 1300 605 705 or Email: admin@mysleep.com.au or Medical Objects: mySleep Our staff will contact the patient to book an appointment.

ail		D.O.B.	DVA Gold Card:	
		Phone	Commercial Driver:	O YES () N
		Indicates essential information required	NDIS patient:	Ó YES Ó N
			QHealth patient:	O YES ON
H	OW TO REFER			0 0
	Please recall your patient to discus	ss the sleep study results and recommer	ndations as per Medicare g	uidelines:
1	Medicare recommends results and treatment attendance with a medical practitioner before	ent options following any diagnostic sleep study s ore the initiation of any therapy.	should be discussed during a prof	essional
	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 wa BEFORE having a Sleep Study. (fees app	nt to manage your patient's sleep study results, p ly).	please send a referral to the Sleep	p Physician
2	Once you have recalled your patie how you want your patient manag	ent to discuss the results and recommen jed.	dations, mySleep need a c	lear directive on
		ep with the required Treatment option ti	cked (CHOOSE BELOW):	
	OPTION A - Refer for Recommended Th Select either - CPAP/ APAP Treatment Tria Therapy Trial.	n erapy: al (includes DVA, NDIS & QHealth) - Mandibular /	Advancement Splint - Positional A	voidance
	that they should see a specialist, you are u	p Physician Consultation (fees apply): sultation". This is a good option for any patient, h unsure if your patient requires treatment, your pa uss different treatment options with an independe	tient has a complex health history	
	OPTION C - Existing patient on CPAP T Select "CPAP Treatment Review" for any p	herapy: patients already on treatment who need assistance	ce, settings changed or a data do	wnload.
	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 o	r another health professional will manage the is is to ensure the patient's case is well documer	patient:	
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For more information or clarification on referring patients please contact your dedicated local Representative or call us on 1300 605 700

Upper Mt Gravatt Greenslopes North Lakes Chermside 1722 Logan Rd 496 Logan Rd 1/100 Flinders Parade 960 Gympie Rd QLD 4122 QLD 4120 QLD 4509 QLD 4032