

Swan Sleep Service

Referral to: Dr Helen Bell MBBS FRACP
Sleep Disorders Physician
Provider No. 213772JY

A Comprehensive Sleep Service:

- Sleep Physician Consultation
- Sleep Apnoea Diagnostic Testing
- Sleep Apnoea Therapy including CPAP trials

Patient Details:

Name: _____

Address: _____

City: _____ Post Code: _____

DOB: _____ Sex: M F

Email: _____

Phone Number: _____ Mobile Phone Number: _____

Required information:

Weight _____ kg Height _____ cm

Neck circumference _____ cm

Snore: Yes ___ No ___

Observed apnoeas: Yes ___ No ___

Enlarged tonsils: Yes ___ No ___

Tonsil grade? I II III IV

Reason for Referral: Urgent review required* Occupational Driver Prior to bariatric surgery

Essential: List of Medical Problems and Current Medications (attach separately if needed)

Referring Doctor

Doctor's Stamp

Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Referral Date: _____ Referral Period: 12 months Indefinite

Signature: _____ Provider Number: _____

Referrals can be: Faxed: 08 92005646
Delivered: The Eveline Centre
41 Eveline Rd
Middle Swan WA 6056

Emailed: via Mmex to Dr Helen Bell (please give copy original to patient)

*For urgent review please contact Swan Sleep Service on 08 9347 5922

Referring doctors can call Dr Helen Bell on 0414646612