



**Dr Rosemary GAN** MBBS FRACP  
*Sleep Physician*  
62 Netherton St Nambour Qld 4560  
t 07 5441 1666

## Fax Referral Form

**Patient name**

**Telephone**

### Clinical notes:

- Snoring                       Insomnia  
 Witnessed Apnoeas       Daytime Sleepiness       Other

### Clinical history:

- Hypertension               Diabetes                       CCF / IHD  
 COPD                         CVA                             Depression  
 Nocturia

### Services:

- Dr Gan Consult               Treatment Assessment / Trial  
 Home Sleep Study           Pressure Review Study       Polysomnography

### Requesting Doctor

**Name**

**Signature**

**Date**

**Provider No**

**Copies to**

Please fax referral form to **07 5441 1688** and give the original to your patient  
An appointment will be arranged for your patient by Sleepscreen staff

SleepScreen Pty Ltd ABN 35 601 011 051



## Appointment

Time

Date

### What to bring

- This referral
- List of medications
- Any information on previous sleep studies
- Your spouse or partner if available

**SleepScreen**  
62 Netherton St

