



A1 SLEEP MACKAY
PH: 0406996722
Email: apnea.solutionsmackay@gmail.com
ABN:45921431074

DR SCOTT BURGESS
639 STANLEY STREET,
WOOLLOONGABBA QLD 4102

Fax Referral Form to: **49 544 352**

Pediatric Sleep Test Referral

Patient Information

Child's Surname		D.O.B.		Male	Female
Child's Given Names					
Address			Postcode		
			Phone		
Medicare No			Private health insurance Yes No		

Referring Doctor

Date		Provider No.	
Name			
Address			
		Postcode	
Phone		Fax	
Email		Signature	

Indications, Symptoms and Health Comorbidities

- Daytime sleepiness
- Behavioral problems
- Snoring, often with pauses, difficulty breathing, snorts or gasps between breaths
- Heavy breathing while sleeping
- Extremely restless
- Bedwetting (especially if a child previously stayed dry at night)
- Hyperactivity or impaired mental function

If the Child is suffering from any of the above symptoms, please refer for a Home Sleep Test at A1 Sleep Mackay

ADDITIONAL INFORMATION ABOUT THE ABOVE PATIENT:

Telehealth Consultation: YES NO REPORT PREFERENCE: FAX - EMAIL - MEDICAL OBJECTS