ST LUKE'S
PRIVATE HOSPITAL

SLEEP CENTRE
PRE-ADMISSION/REFERRAL FORM

Attach patient identification label (Hospital Use Only)

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

DOCTOR TO COMPLETE

FAX COMPLETED FORM TO (02) 9356 0431
OR **EMAIL TO** bookings@slc.org.au

All information is required to book a study. Patient detail forms must be completed to confirm booking

REFERRAL ☐ TO or ☐ FROM

☐ Dr Hugh Allen ☐ Prof David Barnes ☐ Prof Roy Beran ☐ Dr Gregory Blecher ☐ Dr Anup Desai
☐ Dr Natalie Gentin ☐ Dr Paul Hamor ☐ Dr Brian Jarvie ☐ Dr Bradley Martin ☐ Dr Arthur Teng
☐ Dr Ganesh Thambipillay ☐ Dr John Widger ☐ Dr Frank Yan ☐ Dr Kwok Yan ☐ Other

PATIENT DETAILS

Title: Name: Surname:

Date of Birth: / / Gender: ☐ Male ☐ Female

Address:

Telephone: Email:

MEDICARE/HEALTH FUND DETAILS

Medicare number: Expiry / Ref No.
(No. before patient's name)

Health fund: ☐ Yes ☐ No If yes, fund name:

STUDY DETAILS

Date of Study (if booked): / / ☐ Review ☐ Urgent ☐ Routine

Study requested (please tick): ☐ Diagnostic ☐ MWT ☐ T3 & T4 Video ☐ CPAPTitration
☐ APAP ☐ MAS ☐ MSLT ☐ EEG Full 10/20

CLINICAL DETAILS

Sleep Hx

☐ Witnessed apnoea
☐ Chronic snoring
☐ Wakes unrefreshed
☐ Daytime lethargy, hypersomnolence
☐ Restless legs
☐ Abnormal sleep behaviour

Other Medical Hx

☐ Heart disease ☐ Insomnia ☐ CVA
☐ Diabetes ☐ COPD ☐ Epilepsy
☐ Obesity ☐ AF ☐ ADD/ADHD
☐ Hypothyroidism ☐ Heart failure ☐ Parasomnia
☐ Asthma/CAL ☐ HIV/HEP B/C ☐ Developmental issues
☐ Hypertension ☐ Depression ☐ Commercial driver

Allergies:

Clinical notes:

Referring Doctor: Provider No:

Date: / / Referring Dr Signature:

Copy of report to:

Doctor's stamp

PRE-ADMISSION/REFERRAL FORM

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LC5383 SLC 0817

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ST LUKE'S
PRIVATE HOSPITAL

PATIENT DETAILS FORM

Attach patient identification label (Hospital Use Only)

UR No.: Admission No.:

Surname:

Given Names:

Date of Birth: / / Gender:

Doctor:

PATIENT TO COMPLETE

ADMISSION DETAILS

Admitting Doctor:

Date of Study: / /

PERSONAL DETAILS

Title: Given Names:

Surname: Previous Surname (if applicable):

Residential Address:

Postal Address:

Telephone (Wk/Day): (Home): (Mobile):

Email:

Gender: ☐ Male ☐ Female Date of Birth: / / Age:

Marital status: ☐ Single ☐ Married ☐ De-facto ☐ Divorced ☐ Separated ☐ Widowed

Country of birth: Are you an Australian resident? ☐ Yes ☐ No

Language spoken at home: Religion:

Are you of Aboriginal or Torres Strait Islander descent? ☐ Yes ☐ No

St Luke's Hospital Foundation Member? ☐ Yes ☐ No

PERSON TO CONTACT (NEXT OF KIN)

Name: Relationship to Patient:

Address:

Telephone (Wk/Day): (Home): (Mobile):

Second Contact / Power of Attorney: Telephone:

DETAILS OF GP (IF DIFFERENT FROM REFERRING DOCTOR)

Name:

Address:

Telephone: Fax: Email:

PREVIOUS HOSPITALISATION

Have you been previously treated at this hospital? ☐ Yes ☐ No Year:

Have you been hospitalised for more than 48 hours within the past 3 months: ☐ Yes ☐ No

Dates: From / / To / / Name of hospital:

PATIENT DETAILS FORM

MR7

PATIENT TO COMPLETE

ST LUKE'S
PRIVATE HOSPITAL

PATIENT DETAILS FORM

PERSON RESPONSIBLE FOR ACCOUNT

☐ Self ☐ Next of Kin ☐ Workers' Compensation ☐ DVA ☐ Third Party ☐ Defence ☐ Other:

Title: Surname: Given Names:

Address:

Telephone (Wk/Day): (Home): (Mobile):

By signing below I declare that I am the person responsible for this account and acknowledge that I have read, understood and agreed to the financial information as outlined in the Pre-Admission Information.

Name: Signature: Date:

HEALTH INSURANCE DETAILS

Insurance Type: ☐ Private Health Fund ☐ Workers Compensation ☐ Third Party ☐ DVA ☐ Defence ☐ Self Funded

Name of Health Fund: Type of Cover:

Membership No: Do you have an excess? ☐ Yes ☐ No

Has this cover changed in the last 12 months? ☐ Yes ☐ No

Workers' Comp Fund Name:

Address:

Claim Number: Date of Accident: / /

Employer Name: Telephone:

HR Manager: Fax Number:

Third Party Name: Details: Policy Number:

Serving Member of: DVA No.: DVA Card Colour:

Details of cover (white card only):

PATIENT RESPONSIBILITY

By **ticking** the following boxes I acknowledge that I have read and understood the information contained within the following sections of the Pre-Admission Booklet:

☐ Pre-Admission Information

☐ Responsibilty of Personal Items

☐ Privacy Information

Name:

Signature:

Date: