

► **Patient name** ..... D.O.B. .... DVA Gold Card: .....  
 Email ..... ► **Phone** ..... Commercial Driver:  YES  NO  
 ► **Indicates essential information required** NDIS patient:  YES  NO  
 QHealth patient:  YES  NO

**HOW TO REFER**

**1** Please recall your patient to discuss the sleep study results and recommendations as per Medicare guidelines:  
 Medicare recommends results and treatment options following any diagnostic sleep study should be discussed during a professional attendance with a medical practitioner before the initiation of any therapy.  
 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 want to manage your patient's sleep study results, please send a referral to the Sleep Physician BEFORE having a Sleep Study. (fees apply).

**2** Once you have recalled your patient to discuss the results and recommendations, mySleep need a clear directive on how you want your patient managed.  
 Please send this referral to mySleep with the required Treatment option ticked (CHOOSE BELOW):

**OPTION A - Refer for Recommended Therapy:**  
 Select either - CPAP/ APAP Treatment Trial (includes DVA, NDIS & QHealth) - Mandibular Advancement Splint - Positional Avoidance Therapy Trial.

**OPTION B - Refer for Independent Sleep Physician Consultation (fees apply):**  
 Select "Independent Sleep Physician Consultation". This is a good option for any patient, however strongly recommended if: the report states that they should see a specialist, you are unsure if your patient requires treatment, your patient has a complex health history, your patient is resistant to treatment or would like to discuss different treatment options with an independent Sleep Physician.

**OPTION C - Existing patient on CPAP Therapy:**  
 Select "CPAP Treatment Review" for any patients already on treatment who need assistance, settings changed or a data download.

**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 or another health professional will manage the patient:**  
 Select "Manage Patient Independently", this is to ensure the patient's case is well documented.

**PLEASE ADVISE**

- Existing mySleep (patient has done a sleep study or CPAP Trial with mySleep)
- New Patient (patient has done a Sleep Study or CPAP Trial elsewhere, please provide the results)

**TREATMENT PATHWAY**

Choose a Treatment Pathway AFTER you have discussed the Sleep Study results with your patient:

- CPAP/APAP Treatment Trial** (as recommended by a Sleep Physician to treat sleep apnea)
- Mandibular Advancement Splint** (as recommended by a Sleep Physician to treat snoring and or sleep apnea) – we can recommend local Dentists
- Positional Avoidance Therapy Trial** (as recommended by a Sleep Physician to treat sleep apnea)
- CPAP Therapy Review** (for any patient on treatment that may need assistance, equipment review or download)
- Home Visit Required for Support & Supply of Equipment** (for eligible DVA and NDIS patients)
- Manage Patient Independently** (the patient's treatment will be the responsibility of the GP or an alternative health professional)

**Independent Sleep Physician Consultation** (mySleep can discuss local independent Sleep Physician options with the patient).  
 Please Note: As this is an external service, once the patient decides upon a Sleep Physician you will be required to send us a new referral addressed to that physician on plain letterhead.

Notes: \_\_\_\_\_

**FOR THIS REFERRAL TO BE VALID, PLEASE ENSURE THE FOLLOWING DETAILS ARE COMPLETED:**

► **Referring Dr. Name:** \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Provider Number: \_\_\_\_\_ Email: \_\_\_\_\_  
 Practice Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

► **Referral Date:** \_\_\_\_\_  
 ► **Signature:** \_\_\_\_\_  
 ► **Indicates essential information required**

For more information or clarification on referring patients please contact your dedicated local Representative or call us on **1300 605 700**