

DR. ANUP DESAI
M.B.B.S (SYD) F.R.A.C.P Ph.D (SYD) F.C.C.P
CONSULTANT PHYSICIAN SLEEP & RESPIRATORY MEDICINE

Sydney Sleep Centre
Suite 202, Level 2, 139 Macquarie Street
CBD Ph: **9252 6144** Prov: 4793116K

The Chest & Sleep Centre, Level 7, Suite 20
Prince of Wales Private Hospital, Barker St
Randwick Ph: **9650 4988** Prov: 206802RH

APPOINTMENTS: 9252 6144 (CBD) or 9650 4988 (Randwick)

APPOINTMENT DETAILS

Date: _____ Time: _____

CLINICAL NOTES

Patient name: _____ Tel: _____

Patient problem: _____

CLINICAL HISTORY

- | | | |
|-------------------------------------|--|--|
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Insomnia | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Apnoeas | <input type="checkbox"/> Restless legs | <input type="checkbox"/> COPD |
| <input type="checkbox"/> Sleepiness | <input type="checkbox"/> Narcolepsy | <input type="checkbox"/> Shortness of breath |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Respiratory failure | <input type="checkbox"/> Respiratory infection |

REQUEST FOR

(Please tick the appropriate box)

- Sleep Opinion
- Respiratory Opinion
- Full laboratory sleep study (PSG) *
- Lung function testing *

* consultation required first

REQUESTING DOCTOR

Name: _____ Signature: _____

Address: _____ Phone: _____

Date: _____ Provider No. _____