



## Referral form

### Patient Details

Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

### Reason For Referral:

\_\_\_\_\_

### Chief Concerns/Symptoms:

Snoring

Daytime Sleepiness

Unrefreshed Sleep

Choking or Gasping

Bruxism

Witnessed Apnoea's

Other (Please specify): \_\_\_\_\_

### Relevant Medical history:

Hypertension

Heart disease

Diabetes

Other (Please specify): \_\_\_\_\_

### Referred by:

Name: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Dr. Daniel Craig Hetrelezis

#### DDS (Melbourne)

Tasmania Snoring & Sleep Oral Appliance Centre

4/21 Vermont Road, Mowbray, TAS 7248

Launceston | St Helens

(03) 6326 4368

[www.sleeptasmania.com.au](http://www.sleeptasmania.com.au)

### Dr. Melissa Murray

#### BDS (Usyd) – Honours

Sydney Snoring & Sleep Apnea Oral Appliance Centre

Shop 2-3/2-6 Messiter Street, Campsie, NSW

Sydney

(02) 9718 0670

[www.sydney.sleepcentre.com.au](http://www.sydney.sleepcentre.com.au)