

# Paediatric Sleep Medicine (0-18yrs)

## Consultation & Sleep Study Request

Fax to 02 8999 1548 or email to [reception@nbpaediatrics.com.au](mailto:reception@nbpaediatrics.com.au)

Dr Rifat Chaudry

Dr Catherine Jonas

Date: ..... / ..... / .....

### Service

#### This focuses on patients:

- |  |   |
|--|---|
| <input type="checkbox"/> Who have features of sleep disordered breathing (OSA) | <input type="checkbox"/> Bed time refusal/ poor sleep hygiene                       |
| <input type="checkbox"/> Behavioral disorders related to sleep                 | <input type="checkbox"/> Parasomnias (night terrors, sleep walking and bed wetting) |
| <input type="checkbox"/> Insomnia + Circadian rhythm disturbance               |   |

### Patient details

Name: ..... Date of birth: ..... / ..... / .....

### Parent contact details

Name: .....

Address: .....

Email: ..... Mobile number: .....

### Clinical notes

Clinical details: .....

Relevant medications: .....

### Referring doctor details

Name: ..... Provider No.: .....

Address: .....

Phone: ..... Fax: .....

Signature: ..... Date: ..... / ..... / .....

**GP please note:** Please advise patients to call Northern Beaches Paediatrics on **02 9008 1368** to book an appointment

#### Northern Beaches Hospital

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