



Melbourne Children's Sleep Centre  
 Ward 4E, Level 4, Monash Children's Hospital  
 246 Clayton Road, Clayton 3168  
 Ph: 8572 3592 Fax: 8572 3878  
<http://www.monashchildrenshospital.org/sleep>

## OXIMETRY REQUEST

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

### PATIENT DETAILS

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

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

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

Date of Birth: \_\_\_\_\_ Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

**Diagnosis:**      Clinical diagnosis of OSA              Other Reason: \_\_\_\_\_

**Medical History:**

Neurological/Neuromuscular Conditions (i.e. Cerebral Palsy, Duchenne MD) \_\_\_\_\_

Syndrome:     Down Syndrome             Pierre Robin             Mucopolysaccharidoses  
                    Craniofacial Syndrome     Cleft Palate surgery  
                    Other: \_\_\_\_\_

Obesity

Cardiovascular / Respiratory Disease: \_\_\_\_\_

Previous upper airway trauma / surgery: \_\_\_\_\_

**Planned Surgery:**    Type: \_\_\_\_\_    Category:     1      2      3

Referring Doctor Name: \_\_\_\_\_ Provider No: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name & Contact Details of Consultant in Charge: \_\_\_\_\_

**Please fax oximetry request form to: 8572 3878**

**For any queries - Phone: 8572 3593  
 Melbourne Children's Sleep Centre**