



FNH365154

Northern Health

**PAEDIATRIC HITH  
OVERNIGHT OXIMETRY  
REFERRAL**

AFFIX PATIENT IDENTIFICATION LABEL HERE

U.R. NUMBER: \_\_\_\_\_

SURNAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SEX: \_\_\_\_\_

HEALTH

NORTHERN

**I**

**Patient details:**

3 points of ID checked

Given name: \_\_\_\_\_ Surname: \_\_\_\_\_

DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: Male Female Other: \_\_\_\_\_

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

NOK / Carer name: \_\_\_\_\_ Contact: \_\_\_\_\_

Indigenous status: Aboriginal Torres Strait Islander Not Indigenous

Language spoken: \_\_\_\_\_ Interpreter required: YES NO

Medicare number: \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**S**

**Patient information:**

Please mark any that apply:

- Snoring [ ]
- Apnoeas [ ]
- Choking/gasping in sleep [ ]
- Restless sleep [ ]
- Breathing difficulties in sleep [ ]
- Mouth breathing [ ]
- Daytime sleepiness [ ]
- Behavioural concerns [ ]
- Poor concentration [ ]
- Overweight / Obesity [ ]
- Frequent URTI [ ]
- Large tonsils [ ]
- Congested turbinates [ ]
- Allergic rhinitis [ ]

**Urgency:** YES NO **Reason if answered yes:** \_\_\_\_\_

**Specific requirements / requests for oximetry:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B**

**Reason for referral (detailed):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Medical past history / Co-existing conditions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current medications:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**A**

Height (cm): \_\_\_\_\_

Weight (kg): \_\_\_\_\_

**R**

**Consultant details:**

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

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

**Referring Doctor details:**

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

Provider number: \_\_\_\_\_

Practice name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Notes for referrer:**

- Please scan and email all referrals to: [TNH-HITHLiaisongroup@nh.org.au](mailto:TNH-HITHLiaisongroup@nh.org.au)
- Please include a detailed history in "reason for referral" for optimal reporting
- Ensure consent has been given by carer for overnight oximetry and HITH admission
- Northern Health – Hospital in the Home will confirm if patient is suitable for overnight oximetry with their team following relevant admission criteria and safe home visit risk assessments

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