



FNH365154

HEALTH

NORTHERN

Northern Health

PAEDIATRIC HITH  
OVERNIGHT OXIMETRY  
REFERRAL

AFFIX PATIENT IDENTIFICATION LABEL HERE

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

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

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

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

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:

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B

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

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

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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: NH - HITHReferrals@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
- HITH team will be in contact to confirm patient suitability

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