

# Sleep Referral

If you would like to book a consultation for your patient with one of our specialists, please fax (02) 9114 0010. To book your patient in for a diagnostic sleep study, please fax (02) 9114 0465 or email your completed form to [sleep@woolcock.org.au](mailto:sleep@woolcock.org.au). Our staff will contact your patient with the next available appointment.

Please note that the Woolcock Clinic is a fee-charging private clinic and fees are charged at the doctor's discretion.

## REQUEST

Urgent

Routine

In laboratory diagnostic sleep study with sleep specialist consultation

Home-based (portable) sleep study

Specialist consultation

CPAP review study with sleep specialist consultation

Mandibular advancement splint consultation with dentist consultation

## PATIENT DETAILS

Adult

Paediatric

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone No: \_\_\_\_\_ Email Address: \_\_\_\_\_

## CLINICAL NOTES:

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## CLINICAL NOTES:

Snoring

BMI > 30kgm<sup>2</sup>

Hypertension

Unrefreshing sleep

Sleep walking/talking

Insomnia

Restless Legs

Heart Disease

Diabetes

Depression

Choking Arousals

Witnessed apneas

Daytime sleepiness

Date: \_\_\_\_\_ Provider No: \_\_\_\_\_ GP Specialist

Referring Doctor: \_\_\_\_\_ Signature: \_\_\_\_\_

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

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

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

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

Visit our website ([woolcock.org.au/referral](http://woolcock.org.au/referral)) to download our other referral forms and to learn more about our services and specialists.