Sleep Referral



If you would like to book a consultation for your patient with one of our specialists or book them for a diagnostic sleep study, please fax (02) 9805 3199 or email your completed form to 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.

REQUEST	Urgent		Routine	
In laboratory diagnosti	c sleep study with sleep	specialist consultation		
Home-based (portable) sleep study - adult onl	y (please see reverse)		
Physician review				
Sleep specialist	Ear, Nose	& Throat specialist	Neurologist	
Endocrinologist - a	Endocrinologist - adult only Psychologist		Psychiatrist	
CPAP therapist consult	ation (CPAP trial/mask f	itting/troubleshooting)		
Mandibular advancem	ent splint consultation v	with dentist		
PATIENT DETAILS	Adult		Paediatric	
Name:		Date of Birth:		
Phone No:		Email Address:		
CLINICAL NOTES:				
ADULT	ı	PAEDIATRIC		
Snoring	Heart Disease	Snoring	ADHD	
$BMI > 30 kgm^2$	Diabetes	Daytime sleepiness	Trisomy 21	
Hypertension	Depression	Hyperactivity	Tonsilitis/recurrent sore throat	
Unrefreshing sleep	Choking Arousals	Poor concentration	Hayfever/sinusitis/allergies	
Sleep walking/talking	Witnessed apneas	Learing difficulties	Asthma/respiratory condition	
Daytime sleepiness	Daytime sleepiness	Type 1 Diabetes	Epilepsy/seizures	
Restless Legs		Autism	Neuromuscular disorder	
Data	Dun idea N		CD	Coosialist
Date: Referring Doctor:	Provider No: Signature:		GP	Specialist
Practice Name:		Signature.		
Phone No:		Fax No:		
Email Address:		- · · · · - · ·		
Address:				

T 02 9805 3000

F 02 9805 3199

E sleep@woolcock.org.au

(Consultation or Sleep Study)

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The Woolcock Clinic

Macquarie Park NSW 2113

www.woolcock.org.au

2 Innovation Road

Non-sleep physicians can request home-based sleep studies provided the following criteria are met:

1. EPWORTH SLEEPINESS SCALE - PATIENT MUST SCORE 8 OR ABOVE

Situation		Change of Dozing/Sleeping			
		Slight	Moderate	High	
Sitting and reading		1	2	3	
Watching TV	0	1	2	3	
Sitting inactive in a public place (e.g. a theatre or a meeting)	0	1	2	3	
As a passenger in a car for an hour without a break		1	2	3	
Lying down to rest in the afternoon when circumstances permit	0	1	2	3	
Sitting and talking to someone		1	2	3	
Sitting quietly after a lunch without alcohol		1	2	3	
In a car, as the driver, while stopped for a few minutes in traffic		1	2	3	
Total out of 24					

2. STOP BANG QUESTIONNAIRE - PATIENT MUST SCORE 3 OR ABOVE

	No	Yes
Do you snore?	0	1
Do you feel tired, fatigued or sleepy during the day?	0	1
Has anyone observed you stop breathing during your sleep?	0	1
Do you have or are you being treated for high blood pressure?	0	1
Is you BMI greater than 35?	0	1
Are you aged 50 or older?	0	1
Is your neck circumference greater than 40cm?	0	1
Is your gender male?	0	1
Total out of 8		

If you do not meet the above criteria, you will require a specialist consultation before you can have your home-based sleep study.

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

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