

Specialist Referral

If you would like to book a consultation for your patient with one of our specialists, please fax (02) 9805 3199. You can also email your completed referral form to reception@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.

PATIENT DETAILS

Adult

Paediatric

Name:

Date of Birth:

Phone No:

Email Address:

CLINICAL NOTES

SLEEP SPECIALISTS

First available

Prof Andrew Chan
Dr James di Michiel
Dr Esha Joshi
Dr Donald Lee
Dr Richard Lee
Dr Elie Matar
Dr Haider Naqvi
Dr Andrew Ng
Dr Ben Nguyen
Dr Sheila Sivam
Dr Andrew Stone
Dr Clarissa Susanto
Dr Jian Tai
Dr Aruvi Thiruvurudchelvan
Dr Colin Tuft
Prof Brendon Yee
Dr Yizhong Zheng

RESPIRATORY SPECIALISTS

First available

Prof Andrew Chan
Dr James di Michiel
Dr Esha Joshi
Dr Donald Lee
Dr Richard Lee
Dr Haider Naqvi
Dr Andrew Ng
Dr Ben Nguyen
Dr Andrew Stone
Dr Clarissa Susanto
Dr Jian Tai

Dr Aruvi Thiruvurudchelvan
Dr Colin Tuft
Prof Brendon Yee
Dr Yizhong Zheng

PAEDIATRIC SPECIALISTS

Sleep & Respiratory Physicians

First available

Dr Mimi Lu
Professor Joerg Mattes
Dr Chetan Pandit
Dr Chris Seton (Sleep only)

Allergist & Immunologist

Dr John Tan

PSYCHOLOGISTS *

First available

Prof Delwyn Bartlett
Ms Andrea Efthymiou
Ms Yael Galgut
Ms Maya Jayan
Dr Amelia Scott
(clinical psychologist)

SLEEP COACH

Ms Tracey Martin

PSYCHIATRISTS

First available

Dr Chris Blackwell
Dr Keith Johnson

DENTAL SLEEP MEDICINE

Dr Michelle Donegan

NEUROLOGISTS

First available

Dr Grace Garden
Prof Simon Lewis
Dr Elie Matar

EAR, NOSE & THROAT/ HEAD & NECK SURGEONS

First available

Prof Stuart MacKay
A/Prof Nicholas Stow

WEIGHT LOSS SPECIALIST & ENDOCRINOLOGIST

Dr Kishani Kannangara

EXERCISE PHYSIOLOGIST **

Dr Elizabeth Machan

* Patients will require a GP referral and Mental Health Care Plan.

** Patients will require an Enhanced Primary Care plan from their GP.

Date:

Provider No:

GP

Specialist

Referring Doctor:

Signature:

Practice Name:

Phone No:

Fax No:

Email Address:

Address:

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