

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. 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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Snoring

BMI > 30kgm²

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) to download our other referral forms and to learn more about our services and specialists.