## **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 In laboratory diagnost Home-based (portable Physician review	Urgent tic sleep study with sleep e) sleep study - adult onl	specialist consultation	Routine		
Home-based (portable					
		y (please see reverse)			
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Sleep specialist	Ear, Nose	& Throat specialist	Neurologist		
Endocrinologist - a	· · ·		Psychiatrist		
CPAP therapist consult	tation (CPAP trial/mask f	- itting/troubleshooting)			
Mandibular advancem	nent splint consultation v	with dentist			
PATIENT DETAILS	Adult		Paediatric		
Name:		Date of Birth:			
Phone No:		Email Address:			
CLINICAL NOTES:					
ADULT	F	PAEDIATRIC			
Snoring	Heart Disease	Snoring	ADHD		
BMI > 30kgm <sup>2</sup>	Diabetes	Daytime sleepiness	Trisomy 21		
Hypertension	Depression	Hyperactivity	Tonsilitis/recurrent sore throa		
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		
Date:	Provider No	0:	GP Specialist		
Referring Doctor:		Signature:			
Practice Name:					
Phone No:		Fax No:			
Email Address: Address:					

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			
Situation	Never	Slight	Moderate	High	
Sitting and reading	0	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	0	1	2	3	
Lying down to rest in the afternoon when circumstances permit	0	1	2	3	
Sitting and talking to someone	0	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	0	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.

The Woolcock Clinic 2 Innovation Road Macquarie Park NSW 2113 www.woolcock.org.au T 02 9805 3000 E sleep@woolcock.org.au F 02 9805 3199 (Consultation or Sleep Study)