

Specialist Referral

40
YEARS | 1981-2021

WOOLCOCK
LEADERS IN BREATHING & SLEEP RESEARCH



If you would like to book a consultation for your patient with one of our specialists, please fax (02) 9114 0010. 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

A/Prof Andrew Chan
Dr Wai Kuen Chow
Dr Sayontonee Ghosh
Prof Ron Grunstein
Dr Esha Joshi
Dr Roo Killick
Dr Richard Lee
Dr Haider Naqvi
Dr Andrew Ng
Dr Sheila Sivam
Dr Subash Srikantha
Dr Andrew Stone
Dr Emma Stumbles
Dr Aruvi Thiruvardchelvan
Dr Keith Wong
Prof Brendon Yee
Dr Yizhong Zheng

RESPIRATORY SPECIALISTS

First available

A/Prof Andrew Chan
Dr Wai Kuen Chow
Dr Sayontonee Ghosh
Dr Esha Joshi
Dr Roo Killick
Prof Greg King
Dr Richard Lee
Dr Haider Naqvi
Dr Andrew Ng
Dr Tracy Smith
Dr Subash Srikantha
Dr Emma Stumbles
Dr Aruvi Thiruvardchelvan
Prof Brendon Yee
Dr Yizhong Zheng

PAEDIATRIC SPECIALISTS

Sleep & Respiratory Physicians

First available

Dr Geshani Jayasuriya
Dr Mimi Lu
Dr Chetan Pandit
Dr Chris Seton (Sleep only)

ENT Surgeon

A/Prof Nicholas Stow

Allergist & Immunologist

Dr John Tan

PSYCHOLOGISTS

First available

A/Prof Delwyn Bartlett
Ms Yael Galgut
Dr Liora Kempler
Ms Dianne Richards

PSYCHIATRISTS

First available

Dr Chris Blackwell
Dr Keith Johnson
Dr Naresh Mondraty

DENTAL SLEEP MEDICINE

Dr Michelle Donegan

NEUROLOGISTS

First available

Dr Alessandro Fois
Prof Simon Lewis

ENT SPECIALISTS

First available

Prof Stuart Mackay
A/Prof Nicholas Stow

WEIGHT LOSS SPECIALISTS & ENDOCRINOLOGIST

First available

Dr Elizabeth Cayanan
Dr Kishani Kannangara
Ms Bonnie Tran

REHABILITATION SPECIALISTS

First available

Dr Pearl Chung
Dr Anuka Parapuram

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.

The Woolcock Clinic
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Glebe NSW 2037
www.woolcock.org.au

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