

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 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:

CLINICAL NOTES:

☐ Snoring

☐ Insomnia

☐ Depression

☐ BMI > 30kgm²

☐ Restless Legs

☐ Choking Arousals

☐ Hypertension

☐ Heart Disease

☐ Witnessed apneas

☐ Unrefreshing sleep

☐ Diabetes

☐ Daytime sleepiness

☐ Sleep walking/talking

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.