PRIVATE REFERRAL FOR ADULT SLEEP CONSULTATION

Name	DOB	NHI
Address	Contact phone numbers	GP details

SLEEP SYMPTOMS (Tick those that apply)

O Poor sleep	O Restlessness	○ Stopping breathing in sleep
O Unrefreshing sleep	Waking at night	O Poor concentration
○ Snoring	O Daytime sleepiness	 Difficulty falling asleep
O Morning headache	○ Other	
O Upper airway abnormality		

REFERRAL QUESTION

URGEN	CY OUrgent	○ Semi-urgent					
	GRAPHICS Height: Shift-worker ATIONS	cm Weight:	Kg Total sleep	time in 24	BP: 4 hours:		mmHg hours
	AL CONDITIONS () Hyp	Dertension Dial	Ŭ	CVD	Othe	er(Specify)	
		oze off or fall asleep in th	-	Not at	Slight	Moderate	High
		rcle one box on each line		all	Chance	Chance	Chance
	Sitting and reading			0	1	2	3
	Watching TV			0	1	2	3
	Sitting inactive in a publ	lic place (eg theatre/mee	eting)	0	1	2	3
	As a passenger in car fo	r an hour without a brea	k	0	1	2	3
	Lying down in the aftern	noon when circumstance	es permit	0	1	2	3
	Sitting and talking to so	meone		0	1	2	3
	Sitting quietly after lunc	h without alcohol		0	1	2	3

OTHER

Signed by Doctor:

In a car while stopped for a few minutes in traffic

Date:

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REFERRAL CAN BE MADE TO ONE OF THE FOLLOWING SLEEP SPECIALISTS ASSOCIATED WITH WELLSLEEP (ASA accredited Sleep Laboratory and a Southern Cross Affiliated Provider)

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Assoc Prof Alister Neill	Dr Andrew Davies	Dr Justin Travers
Respiratory and Sleep Physician	Respiratory and Sleep Physician	Respiratory Physician
Bowen Specialist Centre	Bowen Specialist Centre	Wakefield Heart Centre
Fax: (04) 479 8563	Fax: (04) 479 8563	Fax: (04) 381 8116
Email: spec.centre@bowen.co.nz	Email: <u>spec.centre@bowen.co.nz</u>	Email: <u>heart@whc.co.nz</u>
	Dr Nicola Smith Respiratory Physician Bowen Specialist Centre Fax: (04) 479 8563 Email: <u>spec.centre@bowen.co.nz</u>	