



Referral Form

Phone: 0800 22 75 33
Fax: 0800 22 75 44
Email: doctor@sleepwellclinic.co.nz
Website: www.sleepwellclinic.co.nz

Patient's Name: _____
Address: _____
Date of Birth: _____ Email: _____
Contact Phone: _____ Mobile: _____

Reason(s) for referral

- | | |
|--|--|
| <input type="checkbox"/> Snoring/Sleep Apnoea <i>(see worksheet)</i> | <input type="checkbox"/> Parasomnia e.g. Sleepwalking,
Night terrors, Nightmares, |
| Snore ___/4 | Restless Leg Syndrome |
| Sleepiness ___/4 | <input type="checkbox"/> Shift work |
| ESS ___/24 | <input type="checkbox"/> Daytime Fatigue |
| <input type="checkbox"/> CPAP Review | <input type="checkbox"/> Other |
| <input type="checkbox"/> Insomnia | |
| <input type="checkbox"/> Child/Baby Sleep Difficulties | |

Clinical information or attached report letter: _____
_____ Medication: _____

Referring Practitioner's

Name: _____
Phone: _____
Fax: _____
Signature: _____

Stamp/Address:



Stop snoring. Stop insomnia. Start the rest of your life!

SLEEP WELL CLINIC - Snoring and sleepiness worksheet

Name: _____

Date: _____

According to what other have told you, how often do you think you snore?

- 4 = Always snore
- 3 = Often snore
- 2 = Sometimes snore
- 1 = Rarely snore
- 0 = Never snore

How often do you feel sleepy and want to fall asleep in the daytime?

- 4 = Always sleepy
- 3 = Often sleepy
- 2 = Sometimes sleepy
- 1 = Rarely sleepy
- 0 = Never sleepy

How likely are you to doze off or fall asleep in the following situations in contrast to just feeling tired?

Even if you have not done some of these things recently, try to work out how they would have affected you. Use the following scale to choose the most appropriate number for each situation.

- 0** = would never doze
- 1** = slight chance of dozing
- 2** = moderate chance of dozing
- 3** = high chance of dozing

Situation

Chance of dozing

Situation	0	1	2	3
Sitting and reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place (eg, a theatre or 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 lunch without alcohol	0	1	2	3
In a car, while stopped for a few minutes in traffic	0	1	2	3

(Redrawn from Johns, MW, Sleep 1991, 14.40)

Epworth Sleepiness Scale Score: _____