Auckland Sleep
Multispeciality Approach To Better Sleep Health

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MULTI-DISCIPLINARY SLEEP CLINIC REFERRAL

Affix patient label or fill details below:	
Name:	NHI:
Email:	Date of birth:
Address:	Phone:

REFERRAL REQUESTED

Please select all that apply:

- ☐ Multi-Disciplinary Team review: *complex sleep issues*
- ☐ Sleep/Respiratory Physician assessment: *narcolepsy, parasomnia, RLS, OSA*
- ☐ Sleep Surgeon assessment: *nose, sinuses, snoring, OSA*
- ☐ Sleep Coaching: *schedule optimisation and support*
- ☐ Psychotherapy: *depression, anxiety, stress*
- ☐ Physiotherapy: *bruxism, grinding, myo-facial pain, TMJ, chronic pain*
- ☐ Behavioural Therapy: *Insomnia, COMISA (co-morbid insomnia and sleep apnoea)*
- ☐ Custom-made mandibular advancement device: *snoring or OSA*

- ☐ Home-based screening sleep study
- ☐ Home-based comprehensive sleep study
- ☐ In-lab comprehensive sleep study
- ☐ CPAP trial

After assessments/investigations:

- ☐ Please return the patient to my care
- ☐ Discuss and organise further management with the patient

Additional information

Referrer details

Name:	Date:
Phone:	Email:
Practice:	

Please scan and email form to contact@aucklandsleep.co.nz
Please ensure that the patient completes our practice form at:
https://aucklandsleep.co.nz/newraf (they can use this QR code)