



**SLEEP SERVICE – New Patients Referral**

Name Click here to enter text.

DOB Click here to enter text.

Address Click here to enter text.

Telephone Click here to enter text.

Date of Referral Click here to enter text.

GP Name Click here to enter text.

Practice Click here to enter text.

**Please use this form to request a new outpatient review for suspected Obstructive Sleep Apnoea.** *CNSs Sr. Fran Macdonald/Sr. Julie Mills.*

Patients must be able to travel to Yeovil District Hospital and will normally be seen within

**4-6 weeks (routine)** and within **2 weeks (urgent).** We will decide the priority.

***Clinical Details***

**Snoring**

**Witnessed Apnoea**

**Daytime Somnolence**

***Driving***

**Category I (car etc.)  Job depends on driving**

**Category II (HGV/PSV)**

**Please note the ESS will be captured at the OPA.**

**Bloods – please request FBC, TFTs, Ferritin if not done in the last 3 months**

***Free Text***

Click here to enter text.

Please attach past medical history as appropriate