

## Sleep Team Referral from Hospitals Beyond Wessex

This referral form is for use by paediatricians from beyond the Wessex region, seeking tertiary or quaternary review for narcolepsy or other rare disorders of central hypersomnolence such as Kleine-Levin Syndrome.

The service is unable to accept referrals for excessive daytime sleepiness secondary to chronic insomnia.

Please complete all relevant details in the form below. Some boxes are required for your referral to be submitted.

### Referral Date:

### Patient Details

<b>Full Name of Patient:</b>	
<b>Date of Birth:</b>	
<b>NHS Number:</b>	
<b>Address:</b>	
<b>Telephone number:</b>	
<b>Family Contact email address:</b>	

### Referring Clinician Details

<b>Name of Referrer:</b>	
<b>Referring Hospital/Centre</b>	
<b>Referrer's Professional Title</b>	

<b>Clinician who will provide local prescriptions and investigations when required:</b>	
<b>NHS Email address:</b>	
<b>Clinician who will arrange annual melatonin review if required:</b>	
<b>NHS Email address:</b>	

### **Details of Referral**

<b>Clinical history and reason for referral:</b>
<b>Established diagnoses:</b>
<b>Current medications:</b>
<b>Investigations:</b>

**Please indicate which of the following suspected diagnoses are present. Please click all that apply and include the requested details/reports when available.**

<input type="checkbox"/>	<b>Suspected Narcolepsy</b>
	Excessive Daytime Sleepiness
	Cataplexy
	Sleep related hallucinations
	Sleep paralysis
	Recent weight gain

<input type="checkbox"/>	<b>Suspected Kleine-Levin Syndrome</b>
	Recurrent episodes of excessive sleepiness and sleep duration, each persisting for two days to five weeks. The patient has normal alertness, cognitive function, behaviour, and mood between episodes. At least one of the following is present during episodes: cognitive dysfunction, altered perception, eating disorder (anorexia or hyperphagia) or disinhibited behaviour (such as hypersexuality).

### **Sending your Referral**

**Please save this form to your computer and then send it to us by email to [paedssleepadmin@uhs.nhs.uk](mailto:paedssleepadmin@uhs.nhs.uk) with the patient's initials and NHS number in the subject line.**