



REFERRAL TO CGH INTEGRATED SLEEP SERVICE

Patient's Contact No:	Name: NRIC: Birth Date/Sex: Address:
From: GPs/SOCs/Wards/Others	

SERVICE

SLEEP RESPI OR SLEEP ENT (EARLIEST SLOT AVAILABLE)

List of Sleep Symptoms/Diagnoses

- Snoring
- Excessive Daytime Sleepiness (EDS) with snoring
- Witnessed Apnoea
- Obstructive Sleep Apnoea (OSA)
- Central Sleep Apnoea (CSA)
- Obesity Hypoventilation Syndrome (OHS)

SLEEP RESP (ONLY)

List of Sleep Symptoms/Diagnoses

- Narcolepsy
- Restless Leg Syndrome (RLS)

SLEEP PSYCHOLOGICAL MEDICINE

List of Sleep Symptoms/Diagnoses

- Primary Insomnia
- Excessive Daytime Sleepiness (EDS) without snoring
- Circadian Rhythm Disorder
- Parasomnia

NOTES OF REFERRING DOCTOR

Dear Doctor in Charge

Referring Doctor's Name & MRC No.

Referring Doctor's Signature

Date

Note

For external referrals, please contact the **CGH Appointment Centre at 6850 3333**



For reference only

Obstructive Sleep Apnoea (OSA)

Obstructive sleep apnoea occurs during sleep when a person's throat muscles relax and block the air passage repeatedly. This causes breathing to stop and start again during sleep, causing disruption to sleep and affecting its quality. Common symptoms of OSA include snoring, excessive daytime sleepiness, choking or gasping during sleep resulting in interrupted sleep.

Central Sleep Apnoea (CSA)

Central sleep apnoea occurs as a result of the brain not sending proper signals to the muscles that control breathing. This causes breathing to stop and start repeatedly during sleep. CSA can be due to conditions like heart failure, stroke and travel to high altitude areas. Symptoms include daytime tiredness, interrupted sleep, morning headaches, poor memory and difficulty concentrating.

Obesity Hypoventilation Syndrome (OHS)

Obesity hypoventilation syndrome occurs in obese people who do not breathe enough or deeply enough. This causes insufficient oxygen levels and high carbon dioxide levels in the blood. This condition puts stress on the heart and leads to symptoms of heart failure. Common symptoms of OHS include poor sleep quality, daytime sleepiness, headaches, tiredness, shortness of breath and breathlessness on exertion.

Restless Legs Syndrome (RLS)

Restless legs syndrome (RLS) is a sleep disorder in which patients experience abnormal sensations in their legs resulting in an intense urge to move them. Moving the legs such as stretching or walking helps to alleviate this discomfort as these leg sensations often occur after lying or sitting for a prolonged period of time. They can impair a patient's ability to fall asleep or maintain a continuous night of sleep. The resultant poor sleep can lead to daytime sleepiness and impairment of concentration and quality of life.

While the cause is often unclear, some medical conditions have been associated with the development or aggravation of RLS. These include iron deficiency, pregnancy, kidney failure and other neurological problems including those that affect nerves of the hands and legs. While RLS cannot be cured, there are various methods to control it. These may include lifestyle modifications, medications, as well as treating the underlying medical conditions contributing to RLS.



Narcolepsy

Narcolepsy is a neurological condition in which patients experience significant daytime sleepiness and sleep attacks (irresistible moments of falling asleep in the day and even during activity). Patients may also suffer from cataplexy (abrupt episodes of weakness of the entire or part of the body) or sleep paralysis (transient inability to move) and hallucinations when falling asleep or upon awakening.

The cause of narcolepsy is not fully understood but it has been linked to a dysfunction in our brain's sleep-wake regulatory system. The diagnosis of narcolepsy requires two sleep laboratory tests in addition to a detailed medical history and examination. The two sleep tests involve an overnight sleep study as well as a daytime test comprising of taking five naps over the day (known as the multiple sleep latency test). Medications and practicing good sleep habits remain the mainstay of narcolepsy treatment.

Primary Insomnia

Primary insomnia is sleeplessness that is not attributable to a medical, psychiatric or environmental cause. Predominant symptom is difficulty initiating or maintaining sleep or non-restorative sleep for at least one month, leading to impairment in social, occupational or other important areas of functioning.

These disturbances DO NOT occur during other significant mental disturbances such as stressful life situations, anxiety disorder, depression, psychosis, dementia and drug abuse or addiction.

Hypersomnia

Hypersomnia or excessive sleepiness is a condition in which a person has trouble staying awake during the day. They tend to fall asleep at any time, for instance, at work or while driving and may also experience a lack of energy and trouble thinking clearly.

However, it is important to note that excessive daytime sleepiness DOES NOT occur during an experience of strong emotions where it is more likely a neurological condition.



Circadian Rhythm Disorders

Circadian rhythm disorders are a type of sleep disorder that involves abnormalities in length, timing and/or rigidity of sleep-wake cycle relative to the day-night cycle.

Delayed sleep phase disorder is a condition characterised by an inability to fall asleep till very late at night, resulting in the need to sleep late in the morning or into the afternoon.

Advanced sleep phase disorder is the need to sleep and waking up much earlier than normal. Shift work and jet lag may disrupt regular circadian rhythms, leading to sleep disturbances.

Parasomnia

Parasomnias are a group of sleep disorders that involve unwanted events or experiences that occur while falling asleep, sleeping or waking up. These may include abnormal movements, behaviours, perceptions or dreams.

Examples of parasomnias include sleepwalking, sleep terrors, sleep paralysis, REM sleep behaviour disorder, sleep hallucinations and sleep talking.

