

# SLEEP STUDY REFERRAL FORM

## THORACIC AND SLEEP GROUP (QUEENSLAND)

ABN 99 125 959 133

### ALL SLEEP CENTRES

Enquiries and Bookings

Phone (07) 3870 1120

or 1800 119 446

Fax (07) 3870 0233

Email [admin@tsgq.com.au](mailto:admin@tsgq.com.au)



Accredited for compliance with  
ASA Standard for Sleep  
Disorders Services

### BRISBANE

The Wesley Hospital

Sleep Disorders Centre

The Wesley Hospital

Suites 2 & 3, Level 9

Evan Thompson Building

24 Chasely Street

Auchenflower Qld 4066

### SUNSHINE COAST

The Sunshine Coast

Sleep Disorders Centre

Nambour Selangor

Private Hospital

62 Netherpton Street

Nambour Qld 4560

### PHYSICIAN ENQUIRIES

Dr Andrew Scott

Ph: (07) 3876 8405

Fax: (07) 3870 3212

[scott.reception@tsgq.com.au](mailto:scott.reception@tsgq.com.au)

Patient's Name \_\_\_\_\_ M / F

Address \_\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

#### TYPE OF STUDY

- Diagnostic Sleep Study       CPAP Titration Study  
 Home Sleep Study       Diagnostic Sleep Study with Mandibular Device

**Epworth Sleepiness Questionnaire** For a Medicare subsidised sleep study a patient must score 8 or more.

How likely are you to doze off in the following situations?	No Chance	Slight Chance	Moderate Chance	High Chance
Sitting and reading	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Watching television	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sitting inactive, in a public space	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Lying down to rest in the afternoon when circumstances permit	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sitting and talking to someone	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
Sitting quietly after a lunch without alcohol	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
As a passenger in a car for an hour without a break	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
In a car, while stopped for a few minutes in traffic	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
<b>TOTAL SCORE:</b>				<input type="text"/>

**'STOP BANG' Questionnaire** For a Medicare subsidised sleep study a patient must score 4 or more.

Do you <b>S</b> nore loudly?	<input type="radio"/> Yes	<input type="radio"/> No
Do you often feel <b>T</b> ired?	<input type="radio"/> Yes	<input type="radio"/> No
Has anyone <b>O</b> bserved you stop breathing or choking/gasping during your sleep?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have or are you being treated for high blood <b>P</b> ressure?	<input type="radio"/> Yes	<input type="radio"/> No
Is your <b>B</b> ody mass index more than 35 kg/m <sup>2</sup> ?	<input type="radio"/> Yes	<input type="radio"/> No
Are you <b>A</b> ged older than 50?	<input type="radio"/> Yes	<input type="radio"/> No
Is your <b>N</b> eck size: For male 17 inches / 43cm or larger? For female 16 inches / 41cm or larger? (measured around adams apple)	<input type="radio"/> Yes	<input type="radio"/> No
Is your <b>G</b> ender male?	<input type="radio"/> Yes	<input type="radio"/> No
<b>TOTAL 'YES' ANSWERS:</b>		<input type="text"/>

#### SLEEP/RESPIRATORY PHYSICIAN REVIEW?

Tick if required

#### CLINICAL HISTORY / INDICATIONS

- Snoring       Hypertension  
 Excessive Daytime Somnolence       Obesity  
 Witnessed Apnoeas       Type II Diabetes  
 Depression / Anxiety

#### REFERRING DOCTOR DETAILS (include provider number)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Provider \_\_\_\_\_ Provider Number \_\_\_\_\_

Signature \_\_\_\_\_ Date of Referral \_\_\_\_\_