



# Consent Form

Dear Sir/Madam,

The sleep centre you will be attending (of The Thoracic and Sleep Group Queensland) provides Level 1 (the most extensive and sensitive) Sleep Study services to its patients. As part of this service we require written consent from yourself or from a legal guardian on behalf of yourself, to permit a Level 1 Sleep Study to be performed including a video recording of yourself exclusively during your sleep study.

I                     FULL NAME                    , born                     D.O.B                     acknowledge that I have read and understand the supplied documentation provided to me by the Medical Directors of the Thoracic and Sleep Group Queensland, that explains the procedures and risks involved in having a sleep study performed and have had the opportunity to ask questions about the procedure.

I understand that by signing this document I am not obliged to undertake this procedure if for any reason I change my mind in the future. I understand that the company (The Thoracic & Sleep Group Queensland) may ONLY use the results and video recording of myself to accurately diagnose and monitor any such sleep disorder that I am suspected of having.

I acknowledge that I am liable for any fee that is not covered by my private health fund and failure to make payments may result in the transfer of the account to a debt collection agency and also be liable for any fees incurred.

The Thoracic & Sleep Group Queensland is also involved in the training and education of medical students. As part of this affiliation, our company offers teaching and educational support to students in the field of Sleep Medicine. By signing below, you provide permission to The Thoracic and Sleep Group Qld to use your sleep study results in the facilitation of teaching and educational support to our medical students. Please be advised that in any event, your personal information will remain anonymous (including your name, date of birth, and contact details). Your sleep study results will remain solely with The Thoracic and Sleep Group Queensland and your referring doctor/general practitioner.

1) I                     FULL NAME                     hereby consent to the utilization of my sleep study results in facilitating teaching and educational support to medical students in the field of Sleep Medicine. I understand that The Thoracic and Sleep Group Queensland will ensure that any personal information will remain anonymous for the purposes of teaching and educational support.

2) I                     FULL NAME                     **DO NOT** consent to the utilization of my sleep study results in facilitating teaching and educational support to medical students. I understand that by withholding my consent, the results of my sleep study will ONLY be viewed by The Thoracic and Sleep Group Queensland's faculty.

(a) Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(b) Legal Guardian's Signature: \_\_\_\_\_ on behalf of                     PATIENT'S NAME                      
Date: \_\_\_\_\_

Ht (cm):

Wt (kg):

## Office Use Only

### Evening Questions (These questions are related to the day of the sleep study)

pm BP: \_\_\_\_\_

1. Did you nap today? \_\_\_\_\_ If so, at what time? \_\_\_\_\_ and for how long? \_\_\_\_\_
2. Did you consume alcohol today? \_\_\_\_\_ If so, how many standard drinks? \_\_\_\_\_ and at what time? \_\_\_\_\_
3. Did you have caffeine this evening? \_\_\_\_\_ If so, how much? \_\_\_\_\_ and at what time? \_\_\_\_\_
4. Are you taking or have taken a sleeping pill/sedative tonight? \_\_\_\_\_ If so, what brand & dose? \_\_\_\_\_

### Morning Questions (These questions are related to the sleep quality on the night of the study)

am BP: \_\_\_\_\_

1. How long did it take you to go to sleep (your guess)? \_\_\_\_\_ Is this shorter, the same or longer than usual? \_\_\_\_\_
2. How much sleep did you get in total (your guess)? \_\_\_\_\_ Is this more, the same, less or much less than usual? \_\_\_\_\_
3. Did you wake up less, the same or more amount of times than usual? \_\_\_\_\_
4. What woke you this morning? *Spontaneous / Technician / Uncomfortable / Noise / Light*
5. Do you feel this morning? *Tired and sleepy / Awake but not alert / Well rested / Wide awake and alert*
6. How do you rate your sleep overall compared to usual? *Much worse / Worse / The same / Better / Much better*
7. Did you have overwhelming problems with the CPAP system overnight (only answer if you were trialing CPAP)? \_\_\_\_\_