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





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 Netherton Street

Nambour Qld 4560

PHYSICIAN ENQUIRIES

Dr Andrew Scott

Ph: (07) 3876 8405

Fax: (07) 3870 3212

scott.reception@tsgq.com.au

Provider_

Signature

Patient's Name						M/F
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Address						
	Date o	f Birth _				
Phone	Mobile					
TYPE OF STUDY						
☐ Diagnostic Sleep Study	CP/	AP titration	n			
Home Sleep Study	Diagnostic Sleep Study					
Epworth Sleepiness Questionnaire For a Medica	are subsidise	ed sleep stud	dy a pa	tient mus	t score 8	or more.
How likely are you to doze off in the following situation	ons?	8	No Chance	Slight Chance	Moderate Chance	High Chance
Sitting and reading			00	01	02	03
Watching television			00	01	02	3
Sitting inactive, in a public space			00	01	02	03
Lying down to rest in the afternoon when circumstar	nces permit		00	01	O 2	3
Sitting and talking to someone			00	01	02	3
Sitting quietly after a lunch without alcohol			00	01	2	3
As a passenger in a car for an hour without a break			00	01	02	○3
In a car, while stopped for a few minutes in traffic			00	01	2	○3
			TOTAL	SCORE:		
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'STOP BANG' Questionnaire For a Medicare su	ubsidised si	eep study a	patien	t must <u>sc</u>	ore 3 or	
Do you Snore loudly?	upsiaisea si	eep study a	patien	t must <u>sc</u>	O Yes	O No
	ubsiaisea si	eep study a	patien	t must <u>sc</u>		
Do you <u>S</u> nore loudly?				t must <u>sc</u>	O Yes	O No
Do you <u>S</u> nore loudly? Do you often feel <u>T</u> ired?	g/gasping du			t must <u>sc</u>	O Yes	O No
Do you <u>S</u> nore loudly? Do you often feel <u>T</u> ired? Has anyone <u>O</u> bserved you stop breathing or choking	g/gasping du			t must <u>sc</u>	O Yes O Yes O Yes	O No O No O No
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Do you Snore loudly? Do you often feel Tired? Has anyone Observed you stop breathing or choking Do you have or are you being treated for high blood Is your Body mass index more than 35 kg/m²? Are you Aged older than 50? Is your Neck size: For male 17 inches / 43cm or larger For female 16 inches / 41cm or larger? (measured and solution of the size).	g/gasping du Pressure? er?	ring your slee		t must <u>sc</u>	O Yes O Yes O Yes O Yes O Yes	O No O No O No O No O No
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Provider Number

Date of Referral _