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

Patient's Name _____ M / F

Address _____

_____

_____ Date of Birth _____

Phone _____ Mobile _____

TYPE OF STUDY

- ☐ Diagnostic Sleep Study
- ☐ Home Sleep Study
- ☐ CPAP titration
- ☐ 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	❍ 0	❍ 1	❍ 2	❍ 3
Watching television	❍ 0	❍ 1	❍ 2	❍ 3
Sitting inactive, in a public space	❍ 0	❍ 1	❍ 2	❍ 3
Lying down to rest in the afternoon when circumstances permit	❍ 0	❍ 1	❍ 2	❍ 3
Sitting and talking to someone	❍ 0	❍ 1	❍ 2	❍ 3
Sitting quietly after a lunch without alcohol	❍ 0	❍ 1	❍ 2	❍ 3
As a passenger in a car for an hour without a break	❍ 0	❍ 1	❍ 2	❍ 3
In a car, while stopped for a few minutes in traffic	❍ 0	❍ 1	❍ 2	❍ 3
			TOTAL SCORE:	

'STOP BANG' Questionnaire For a Medicare subsidised sleep study a patient must score 3 or more.

Do you Snore loudly?	❍ Yes	❍ No
Do you often feel Tired?	❍ Yes	❍ No
Has anyone Observed you stop breathing or choking/gasping during your sleep?	❍ Yes	❍ No
Do you have or are you being treated for high blood Pressure?	❍ Yes	❍ No
Is your Body mass index more than 35 kg/m²?	❍ Yes	❍ No
Are you Aged older than 50?	❍ Yes	❍ No
Is your Neck size: For male 17 inches / 43cm or larger? For female 16 inches / 41cm or larger? (measured around adams apple)	❍ Yes	❍ No
Is your Gender male?	❍ Yes	❍ No
	TOTAL 'YES' ANSWERS:	

SLEEP / RESPIRATORY PHYSICIAN REVIEW? ☐ Tick if required

CLINICAL HISTORY / INDICATIONS

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

REFERRING DOCTOR DETAILS (include provider number)

Name _____

Address _____

_____

Phone _____

Provider _____ Provider Number _____

Signature _____ Date of Referral _____