

Patient's Name _____ M / F
Address _____
Phone _____ Date of Birth _____

DOCTORS USE ONLY

☐ Home Sleep Study
☐ Diagnostic Sleep Study
☐ Diagnostic Sleep Study with Mandibular Device

SPECIALIST REFERRALS ONLY
☐ CPAP titration (Initial)
☐ CPAP review study
☐ MSLT / MWT
☐ Bi-level ventilation study

CLINICAL HISTORY / INDICATIONS

☐ Snoring
☐ Daytime Somnolence
☐ Witnessed Apnoeas

☐ Hypertension
☐ Obesity
☐ Type II Diabetes

SLEEP / RESPIRATORY PHYSICIAN REVIEW?
With Dr. _____

REFERRING DOCTOR DETAILS (include provider number)

Name _____

Address _____

Phone _____

Provider Number _____

Signature _____

Date of Referral _____



EPWORTH SLEEPINESS SCORE (ESS)

This score is a way of evaluating how sleepy someone is during the day. It is used internationally by sleep clinics, research groups and sleep physicians.

For each situation listed below, circle a number from 0 to 3 that best reflects how likely you are to fall asleep. Then add your total score up out of 24.

- 0 No chance of falling asleep
- 1 Slight chance of falling asleep
- 2 Moderate chance of falling asleep
- 3 High chance of falling asleep

Sitting and Reading	0	1	2	3
Watching TV	0	1	2	3
Sitting inactive in a public place	0	1	2	3
As a passenger in a car for an hour without a break	0	1	2	3
Lying down in the afternoon when circumstances permit	0	1	2	3
Sitting and talking to someone	0	1	2	3
Sitting quietly after lunch without alcohol	0	1	2	3
In a car while stopped in traffic for a few minutes	0	1	2	3

If your total score was more than 5, you have mild sleepiness and may not be getting the proper sleep you need. If your score is 10 or more you should talk to your doctor about how to improve your daytime energy levels and alertness.



Thoracic and Sleep Group (QLD) provides full state-of-the-art services for the diagnosis, treatment and long term management of all sleep and respiratory disorders.

Your doctor can refer to one of our specialists if you are concerned you have a sleep disorder

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Accredited for compliance with the Australasian Sleep Association Standards for Sleep Disorders Services

People caring for how you *breathe* and *sleep*.

If your doctor requires you to have a diagnostic sleep study this can be done at the following locations.

All Sleep Centres Enquiries and Bookings
Ph 07 3870 1120 or 1800 119 446
Fax 07 3870 0233 Email admin@tsgq.com.au

The Wesley Hospital Sleep Disorders Centre
The Wesley Hospital, Suite 2&3, Level 9
Evan Thomson Building, 24 Chasely Street
Auchenflower Qld 4066

The Sunshine Coast Sleep Disorders Centre
Nambour Selangor Private Hospital
62 Netherton St, Nambour Qld 4560

Obstructive Sleep Apnoea

Obstructive Sleep Apnoea (OSA) is a common sleep disorder that can have severe effects on your health and lifestyle.



THORACIC & SLEEP GROUP
QUEENSLAND

This brochure contains some information on OSA and will point you in the direction of help.

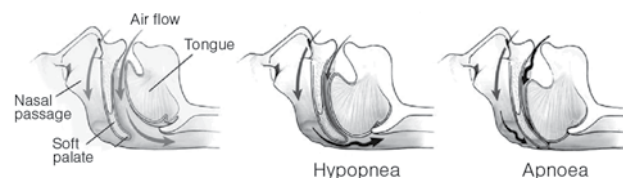
For more information on OSA or other Sleep Disorders, visit our website
www.thoracicansleep.com.au





WHAT IS OBSTRUCTIVE SLEEP APNOEA?

OSA is characterised by stopping breathing during sleep. After 10 seconds of cessation of breathing it is called an 'apnoea'.



Partial and complete airway obstruction resulting sleep apnoea.

It is a problem that, if left untreated, can be fatal.

SYMPTOMS OF OBSTRUCTIVE SLEEP APNOEA

- Daytime sleepiness and fatigue
- Waking-up groggy and unrefreshed
- Morning headaches
- Depression, low mood, irritability
- Getting up to go to the bathroom at night
- Short temper or easily aggravated
- Low libido or impotence
- Poor memory and concentration
- Loud snoring

IMPORTANT THINGS TO KNOW ABOUT OSA

- Over half of patients with idiopathic hypertension have OSA
- Untreated OSA increases the risk of a heart attack by 30%
- OSA significantly increases the risk of a stroke
- 80% of stroke victims have sleep apnoea
- Almost 60% of Type 2 diabetics have OSA
- People with OSA are 10 times more likely to have a motor vehicle accident
- Patients with depression are 5 times more likely to have OSA
- Thin people can have sleep apnoea too!

HOW DO YOU DIAGNOSE OBSTRUCTIVE SLEEP APNOEA?

Obstructive Sleep Apnoea is diagnosed through a sleep study. During a sleep study, your airflow at nose or mouth, body oxygen levels, chest and abdomen movements and heart, brain, muscle and eye activity are all monitored.

You will be sleeping in a comfortable, silent bedroom to simulate a normal night's sleep.

In another room, a sleep nurse and scientist will monitor your progress while asleep.



TREATMENT OF OBSTRUCTIVE SLEEP DISORDER

CPAP (CONTINUOUS POSITIVE AIRWAYS PRESSURE)

The most common treatment for OSA is CPAP. This 'splints' the airways open. This then normalises breathing and oxygen delivery to the body and brain. Symptoms associated with OSA can improve markedly. In stroke patients recent studies indicate CPAP therapy improves stroke outcomes and can shorten hospital days.

LIFESTYLE CHANGES

Risk factors that can be modified include weight loss, quitting smoking, avoiding excessive alcohol or sedatives, and sleeping on your side or stomach.

ORAL APPLIANCES

A 'mandibular advancement splint' holds the lower jaw forward, increasing the airway diameter behind the tongue. They can be effective for people who have mild to moderate OSA, or are intolerant of CPAP.

MEDICATIONS AND ALTERNATIVE TREATMENTS

Medications and alternative treatments to treat snoring and OSA have limited benefits. Nasal sprays, nocturnal oxygen and 'alertness medications' may assist the symptoms but will not control OSA.

MOST OF ALL...

It is important to maintain a relationship with your sleep specialist to ensure you are established on an effective programme. This will ensure you maintain the highest quality of sleep health.

**ARE YOU CONCERNED
THAT YOU MIGHT HAVE
A SLEEP DISORDER?**

**PLEASE FILL YOUR DETAILS
OUT ON THE BACK
AND GIVE IT TO YOUR
GP FOR A REFERRAL TO
OUR SLEEP CLINIC.**