



# QUEENSLAND SLEEP

## Pre Sleep Study Assessment Referral

### Adult Sleep/Respiratory Physicians (Partners)

- Dr J Armstrong PhD FRACP
- Dr S Bowler FRACP
- Dr J Binder FRACP
- Dr W Kelly FRACP
- Dr D McEvoy FRACP
- Dr J McKeon FRACP
- Dr G Simpson MD FRACP

### Associates

- Dr L Burr FRACP
- Dr G Eather FRACP
- Dr M Fanning FRACP
- Dr S Leong FRACP
- Dr V Mubarak FRACP
- Dr A Rosenstengel FRACP
- Dr Z Scounos FRACP
- Dr K Semple FRACP
- Dr S Vincent FRACP

### Paediatric Sleep/Respiratory Physicians

- Dr S Burgess PhD FRACP
- Dr S Suresh MRCPCH, FRACP
- Tel 07 3161 0377

### Paediatric Hospital Location

Mater Children's Private Brisbane  
Level 4 Salmon Building  
Raymond Terrace  
South Brisbane

### Adult Hospital Locations

**BRISBANE SOUTH** (Head Office)  
Mater Private Hospital  
293 Vulture St, South Brisbane

### BRISBANE EAST

Mater Private Hospital  
Weippin Street, Cleveland

### BRISBANE CITY

St Andrews War Memorial  
North St, Spring Hill

### BRISBANE NORTH

Holy Spirit Northside  
627 Rode Rd, Chermiside

### BRISBANE WEST

Canossa Private Hospital  
169 Seventeen Mile Rocks Rd,  
Oxley

### CAIRNS

Cairns Private Hospital  
1 Upward St, Cairns

### ROCKHAMPTON

Mater Private Hospital  
Ward St, Rockhampton

### TOWNSVILLE

Mater Private Hospital  
Fulham Rd, Townsville

### In-Home Study Locations

Brisbane Bundaberg Cairns  
Gladstone Hervey Bay Mackay  
Maryborough Mt Isa  
Rockhampton Townsville

Name \_\_\_\_\_

Address \_\_\_\_\_

DOB \_\_\_\_\_

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

Email \_\_\_\_\_

**Please fax referral to 07 3217 2523**

**email: sa@qsdu.com.au**

**Medical Objects: search "sleep" or Provider number SQ41010017D  
Qld Sleep will contact your patient with the next available appointment**

Clinical Symptoms (please tick relevant boxes)

- |  |  |
|--|--|
| <input type="checkbox"/> Witnessed Apnoea                              | <input type="checkbox"/> Diabetes        |
| <input type="checkbox"/> Chronic Snoring                               | <input type="checkbox"/> Hypertension    |
| <input type="checkbox"/> Daytime Sleepiness/Lethargy/Fatigue           | <input type="checkbox"/> Obesity         |
| <input type="checkbox"/> Depressive Symptoms                           | <input type="checkbox"/> Cardiac Disease |
| <input type="checkbox"/> Abnormal Leg Movements/Behaviour During Sleep |  |

Clinical Notes:

### Tests Required

- Diagnostic Sleep Investigation**
- Nasal CPAP Titration/Re-titration**
- Oral Dental Appliance Titration**  
(Patient must obtain device prior to trial, please contact Qld Sleep)
- Sleep Physician consultation**
- Telemedicine Sleep Physician consultation**

### Sleep Physician Test Requested

(The following tests can only be ordered by a Sleep Physician)

- MSLT**
- MWT**
- Bi-Level Titration**
- ASV Titration**

Test Notes

Date: \_\_\_\_\_

Referring Doctor's Details: \_\_\_\_\_

Referring Doctor's Signature: \_\_\_\_\_

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

Uninsured

Private Insurance (No Gap)