



Queensland Sleep Disorders & Respiratory Failure Clinics Pre Sleep Study Assessment Referral

For Online Referrals Visit:
www.qsdu.com.au

Physicians

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

Hospital Locations

TOWNSVILLE

Mater Private Hospital
Fulham Rd
Ph 07 4727 4444

CAIRNS

Cairns Private Hospital
1 Upward St
Ph 07 4052 5200

BRISBANE SOUTH

Mater Private Hospital
293 Vulture St, South Brisbane
Ph 1300 559 116

BRISBANE NORTH

Holy Spirit Northside Hospital
627 Rode Rd, Chermiside
Ph 1300 559 116

BUNDABERG

Friendly Society Private Hospital
19-23 Bingera St
Ph 07 4153 0666

ROCKHAMPTON

Mater Private Hospital
Ward St
Ph 07 4931 3313

In-Home Study Locations

BRISBANE
ROCKHAMPTON
HERVEY BAY
MT ISA
CAIRNS
TOWNSVILLE

Name _____

DOB _____

Address _____

Phone _____ Mobile _____

Email _____

Clinical Symptoms

(please tick relevant boxes)

- Witnessed Apnoea
- Chronic Snoring
- Daytime Sleepiness/Lethargy/Fatigue
- Obesity
- Depressive Symptoms
- Abnormal Leg Movements/Behaviour During Sleep

Clinical Notes:

Tests Required

(please tick relevant boxes)

- Diagnostic Sleep Study
- Nasal CPAP Trial / Re-trial
- CPAP Education
- Sleep Physician Consultation

PLEASE FAX REFERRAL TO 07 4728 6133 AND OUR STAFF
WILL CONTACT YOUR PATIENT WITH AN APPOINTMENT

Uninsured Private Insurance (No Gap)

Referring Doctor Name _____

Referring Doctor Signature _____

Date _____

Address _____

Provider Number _____

Sleep Physician Signature _____