



QUEENSLAND SLEEP

Paediatric Study Assessment Referral

Paediatric Respiratory/ Sleep Physicians

Dr S Burgess PhD FRACP
Dr S Suresh MRCPCH, FRACP
Tel 07 3161 0377
Tel: 1300 559 116 (All bookings)

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

Adult Respiratory/ Sleep Physicians (Partners)

Dr S Bowler FRACP
Dr J Binder FRACP
Dr G Eather FRACP
Dr W Kelly FRACP
Dr G Simpson MD FRACP
Dr S Vincent FRACP

Associates

Dr L Burr FRACP
Dr J Churton 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

Adult Hospital Locations

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

BRISBANE EAST
Mater Private Hospital
Weippin Street, Cleveland Qld

BRISBANE CITY
St Andrews War Memorial
North St, Spring Hill Qld

BRISBANE NORTH
Holy Spirit Northside
627 Rode Rd, Chermiside Qld

BRISBANE WEST
Mater Private Hospital
30 Health Care Dr,
Springfield Central Qld

CAIRNS
Cairns Private Hospital
1 Upward St, Cairns Qld

LISMORE
St Vincent's Private Hospital
20 Dalley St, Lismore

ROCKHAMPTON
Mater Private Hospital
Ward St, Rockhampton Qld

TOWNSVILLE
Mater Private Hospital
Fulham Rd, Townsville Qld

Name _____
DOB _____ Parent/Guardian name _____
Address _____
Phone _____ Mobile _____
Email _____

Please fax referral to 07 3162 3221
email: reception@qclass.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"/> Night Terrors |
| <input type="checkbox"/> Chronic Snoring | <input type="checkbox"/> Enuresis |
| <input type="checkbox"/> Daytime Sleepiness/Lethargy/Fatigue | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Difficulties at School (Behavioural/Learning) | |
| <input type="checkbox"/> Abnormal Leg Movements/Behaviour During Sleep | |
| <input type="checkbox"/> Neuromuscular Disorder | |

Clinical Notes:

Tests Required (GP's and Non-Paediatric Physicians)

- Diagnostic Sleep Investigation and Paediatric Sleep Physician consultation**
 Telemedicine Paediatric Sleep Physician consultation
 Paediatric Sleep Physician consultation

Paediatric Sleep Physician Tests Required

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

- Diagnostic Sleep Investigation**
 CPAP Titration
 MSLT
 Supplemental O2 assessment

Category Complexity Follow-up

Date: _____

Referring Doctor's Details: _____

Referring Doctor's Signature: _____

Provider Number: _____

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