



NORTH BRISBANE

— SLEEP AND THORACIC —

Dr James Douglas

MBBS (Hons), FRACP

Sleep and Thoracic Physician

Dr Andreas Fiene

MBBS, FRACP

Sleep and Thoracic Physician

Dr Gerard Olive

MBBS (Hons), FRACP

Respiratory Physician

LUNG FUNCTION REFERRAL

Return by FAX (07) 3036 6094 or EMAIL reception@nbsst.com.au | PHONE 1300 391 820

Patient name: _____ Date of birth: / / _____

Medicare number: _____ Mobile: _____

Referring Doctor: _____ Provider No: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

STEP 1 CLINICAL HISTORY

- Current smoker Former smoker
 Non smoker

Smoking pack years: _____
(20 cigarettes/day on average = 1 pack year)

Most recent Hb: _____

If appropriate, please ask all patients having initial lung function testing at NBST, to withhold all inhaled medications for 12 hours prior to testing.

STEP 2 LUNG FUNCTION REFERRAL (please tick)

- Comprehensive Lung Function
(spirometry, diffusing capacity and absolute lung volumes)
- Full Lung Function
(spirometry, diffusing capacity)
- Spirometry and bronchodilator response
- Forced expiratory nitric oxide testing
- Positional spirometry

Phone 1300 391 820 | Email reception@nbsst.com.au | www.nbsst.com.au

Suite 4/14 Vine Street, CLAYFIELD QLD 4011 (Parking at rear via Vine Street)

Suite 207, North Lakes Central, 53 Endeavour Blvd, NORTH LAKES QLD 4509 (Level 1 parking)