



NORTH BRISBANE

— SLEEP AND THORACIC —

Dr Andreas Fiene
MBBS, FRACP
Transplant, Respiratory
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Respiratory
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Physician

LUNG FUNCTION REFERRAL

Return by FAX (07) 3036 6094 or EMAIL reception@nbst.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
- 6 minute walk test
- Follow up respiratory consultation with
Dr _____

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

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

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