



NORTH BRISBANE

— SLEEP AND THORACIC —

Dr James Douglas
MBBS (Hons), FRACP
Sleep and Respiratory
Physician

Dr Andreas Fiene
MBBS, FRACP
Transplant, Respiratory
and Sleep Physician

Dr Gerard Olive
MBBS (Hons), FRACP
Respiratory
Physician

Dr Eric Douglas
BSc, MBBS, FRACP
Respiratory and Sleep
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)