

Respiratory Referral

If you would like to book a consultation for your patient with one of our specialists, please fax (02) 9114 0010. To book your patient in for a pulmonary function test, please fax (02) 9114 0465. You can also email your completed referral form to sleep@woolcock.org.au. Our staff will contact your patient with the next available appointment.

Please note that the Woolcock Clinic is a fee-charging private clinic and fees are charged at the doctor's discretion.

REQUEST

Pulmonary Function Test

Specialist Consultation

PATIENT DETAILS

Adult

Paediatric

Urgent

Routine

Name: _____

Date of Birth: _____

Phone No: _____

Email Address: _____

CLINICAL NOTES:

SMOKING HISTORY

Never

Ex-Smoker

Current

TEST REQUIRED

Pulmonary Function Test

Spirometry (pre & post bronchodilator)

MIPs & MEPs (Respiratory Muscle Function Test)

Mannitol Challenge Testing (Provocation Test – Asthma)

Allergy Evaluation (Skin Prick Test)

Forced Oscillation Technique (FOT)

Fractional Exhaled Nitric Oxide (FeNO)

Please advise patient to withhold any puffers on the day of test.

Date: _____

Provider No: _____

GP

Specialist

Referring Doctor: _____

Signature: _____

Practice Name: _____

Phone No: _____

Fax No: _____

Email Address: _____

Address: _____

Visit our website (woolcock.org.au/referral) to download our other referral forms and to learn more about our services and specialists.