Respiratory Referral



If you would like to book a consultation for your patient with one of our specialists or book your patient in for a pulmonary function test, please fax (02) 9805 3199. You can also email your completed referral form to breathe@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 bron	chodilator)			
MIPs & MEPs (Respiratory N	luscle Function Te	est)		
Mannitol Challenge Testing (Provocation Test – Asthma)				
Allergy Evaluation (Skin Pricl	k Test)			
Forced Oscillation Technique	e (FOT)			
Fractional Exhaled Nitric Oxi	de (FeNO)			
Please advise patient to withho	old 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

The Woolcock Clinic 2 Innovation Road Macquarie Park NSW 2113 www.woolcock.org.au

services and specialists.

T 02 9805 3000 E breathe@woolcock.org.au F 02 9805 3199 (Consultation or Pulmonary Function Test)