Nambour Selangor Private Hospital

RESPIRATORY REFERRAL FORM

Ramsay health plus

Date: ____________________ Name: ____________________

DOB: ____________________ Telephone: ____________________

Address: ____

Height (cm): ____________________ Weight (kg): ____________________

Services:

- ☐ Spirometry
- ☐ Bronchodilator Reversibility testing
- ☐ Complex Respiratory Function Tests
  - *Spirometry*
  - *Lung Volumes (TLC, FRC, RV)*
  - *Gas Transfer (DLCO)*
- ☐ Six Minute Walk Test
- ☐ MIP's MEP's (Maximum inspiratory and expiratory pressures)

Clinical History / Details:-

Referring Doctor Details (Including Provider Number):

Name: ____________________ Signature: ____________________

Phone: ____________________ Date: ____________________

Provider Number: ____

Please fax referral form to 07 5441 1688 and give the original to your patient.
An appointment will be arranged for your patient by our staff.

Tests will be reported by Rosemary Gan.

Ramsay Health Plus
Located at Nambour Selangor Private Hospital
62 Netherton Street
Nambour QLD 4560
Ph: 07 5441 6433 Fax: 07 5441 1688
E: lab@frogge.com.au

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