

Alfred  Sandringham  Caulfield

Unit: Respiratory

## REFERRAL TO LUNG FUNCTION LABORATORY

UR

Family Name

Given Names

Address

Date of Birth  Gender Male  Female

Telephone

Refer to investigation details and contraindications available on the Alfred Health website prior to completing this referral – <https://www.alfredhealth.org.au/services/hp/lung-function-laboratory>

- Enquiries and Appointments: **03 9076 3476**
- Appointment location: **Lung Function Laboratory, 1<sup>st</sup> Floor, Linay Pavilion  
The Alfred, 55 Commercial Road  
MELBOURNE VIC 3004**

### Patient Details

Interpreter  Yes  No Language

Bulk Bill  Private  TAC  WorkCover  Other

### Clinical notes / Clinical questions / Reason for test/s

Allergies  Yes  No List

Current or Ex Smoker  Yes  No

Current Respiratory Medication/s

### Investigation required

Lung function tests to help answer clinical question/s above \*(depending on tests selected)

**OR**

Spirometry -  Pre and / or  Post Bronchodilator\*

T<sub>L</sub>CO

Static Lung Volumes

Bronchial Provocation Test\*  Mannitol  EVH

FeNO (with pre and post bronchodilator spirometry)\*

Cardiopulmonary Exercise Test

Other Test

*\* I authorise that salbutamol 200mcg to 600mcg via inhalation (MDI with spacer) be administered to the patient as part of this assessment. Alfred Pharmacy to supply 1 x salbutamol 100mcg MDI.*

Referrer Details		Date of Referral	
Referrers Name	<input type="text"/>	Signature	<input type="text"/>
Address	<input type="text"/>	Phone	<input type="text"/>
Fax	<input type="text"/>	Email	<input type="text"/>
Provider No	<input type="text"/>	Copies to	<input type="text"/>
Priority	<input type="checkbox"/> Routine <input type="checkbox"/> Urgent		

Send referral to: Fax **9076 3434** or email [lungfunction@alfred.org.au](mailto:lungfunction@alfred.org.au)

