

Alfred Sandringham Caulfield

REFERRAL TO LUNG FUNCTION LABORATORY

Last name*		First name/s*		Date of birth*	
*mandatory fields					
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					
<ul style="list-style-type: none"> Enquiries and appointments: T 9076 3476 F 9076 3434 email referral to: lungfunction@alfred.org.au Appointment location: Lung Function Laboratory, 1st Floor, Linay Pavilion The Alfred, 55 Commercial Road, MELBOURNE VIC 3004 					
Patient Portal					
The Patient Portal enables patients to easily access their Alfred Health appointment and health information online. Patients are encouraged to register, once they have received a Medical Record Number.					
Patient details					
Sex at birth		Gender identity		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non binary <input type="checkbox"/> Not stated <input type="checkbox"/> Another term <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Different term	
Address*					
Telephone*			Email		
Medicare No		Reference No	Expiry	NDIS No	
<input type="checkbox"/> Bulk Bill <input type="checkbox"/> Private <input type="checkbox"/> TAC <input type="checkbox"/> WorkCover <input type="checkbox"/> Other					
Interpreter		Language		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Aboriginal status		<input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Torres Strait Islander not Aboriginal <input type="checkbox"/> Aboriginal not Torres Strait Islander		<input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Not specified	
Cultural / support needs					
Contact person name		Relationship		Telephone	
Clinical notes / clinical questions / reason for test/s					
Allergies <input type="checkbox"/> Yes <input type="checkbox"/> No		List			
Current or ex smoker <input type="checkbox"/> Yes <input type="checkbox"/> No					
Current respiratory medication/s					
Investigation required					
<input type="checkbox"/> Lung function tests to help answer clinical question/s above [#] (depending on tests selected)					
OR					
<input type="checkbox"/> Spirometry - <input type="checkbox"/> Pre and / or <input type="checkbox"/> Post Bronchodilator [#]					
<input type="checkbox"/> T _L CO		<input type="checkbox"/> FeNO (with pre and post bronchodilator spirometry) [#]			
<input type="checkbox"/> Static Lung Volumes		<input type="checkbox"/> Bronchial Provocation Test [#] (Mannitol)			
<input type="checkbox"/> Cardiopulmonary Exercise Test		<input type="checkbox"/> Other test			
<i># 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.</i>					
Referrer details		Date of referral		Provider No	
Name		Address			
Telephone		Fax			
Email		Copies to			