



Patient Details:

Surname: First Name:

Date of Birth:/...../..... Telephone:

Address:

Preferred Testing Clinic:

Clinical Indications/Hx:

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- ☐ **In-patient** 1-2 Business days Ward: Infection Control Precautions: ☐ Contact ☐ Droplet ☐ Nil
☐ **Urgent** 5 Business days **Reason** (mandatory): ☐ **Not Urgent** 10 Business days
☐ **Routine** As per referral

Investigation Required

Complex Lung Function

- ☐ Spirometry ☐ Lung Volumes ☐ Gas Transfer Bronchodilator ☐ Yes ☐ No
☐ Spirometry/flow volume loops - before & after bronchodilator
☐ Hypoxic Altitude Simulation Test (Wesley & Hervey Bay)
☐ FeNO - Fractional Exhaled Nitric Oxide (with spirometry) (N/A Ipswich, Rockhampton, Mackay)
☐ Overnight Oximetry *Medicare Rebate Not Available*

6 Minute Walk Test

- ☐ Without O2 ☐ Dual trial +/- O2 for MASS evaluation

Respiratory Muscle Strength

- ☐ Postural Spirometry (Seated and supine) ☐ MIPS/MEPS ☐ SNIP (Spring Hill)

Respiratory and Allergy Diagnostic Testing

Bronchial Provocation (Airway Hyperresponsiveness)

- ☐ Mannitol (N/A Ipswich and Mackay) ☐ Hypertonic Saline (Wesley)
☐ Cardiopulmonary Exercise Test (Assessment of Respiratory and Cardiovascular Response to Exercise) (Wesley)
☐ Skin Prick Test (Allergy Testing) (Spring Hill, Bundaberg, Hervey Bay)

Referring Doctor Details:

Name:

Address:

Signature: Provider No:

Date of Referral:/...../.....

Email/Fax:

Invoice test to (patient/employer/etc):

Test Preparation Withholding Times

Bronchial Provocation Test

All Tests									Allergen Skin Prick Test
8 Hours	4 Hours	6 Hours	12 Hours	24 Hours	36 Hours	48 Hours	3 Days	4 Days	3 Days
Asmol® Bricanyl® Ventolin® Zempreon®	Intal® Tilade®	Flixotide® Fluticasone Cipla® Pulmicort® QVAR®	Atrovent®	Alvesco® Arnuity® Foradile- Theo-Dur® Nuelin®	Breo® Cipla® DuoResp® Flutiform® Oxis® Seebri® Serevent® Symbicort®	Onbrez®	Anoro® Bretaris® Brimica® Enerzair Incruse® Seebri® Spiolto® Spiriva® Trelegy® Trimbow® Ultibro®	Singulair® Montelukast	Avil® Benadryl® Claratyne® Claramax® Periactin® Phenergan® Polaramine® Telfast® Zyrtec®

On the day of your test, please avoid caffeine (coffee, tea, chocolate, energy drinks), smoking, and strenuous exercise, as these can affect your results.

Allergen Skin Prick Test: No Anti-histamines for 72 hours prior. Some mood stabilisers (e.g., Endep, Avanza) can affect results. Please tell us if you take prednisone when booking.

Cardiopulmonary Exercise Test ONLY: On test day: Avoid heavy meals, smoking, and alcohol.
Wear comfortable shoes and clothes for cycling.

LOCATIONS

South East QLD	West Moreton	Darling Downs	Gold Coast	Wide Bay & Burnett	North QLD
WESLEY MEDICAL CENTRE Suite 26, Level 2 40 Chasely St AUCHENFLOWER Q 4066 Tel: (07) 3607 5190 Fax: (07) 3607 5196	MIKA HOUSE Suite 2, Level 2 3 Wharf Street IPSWICH Q 4305 Tel: (07) 3050 7102 Fax: (07) 3050 7103	ST ANDREW'S HOSPITAL Building 4 Level 1, Suite 31 280 North St ROCKVILLE Q 4350 Tel: (07) 4592 8086 Fax: (07) 4592 8087	PINDARA PRIVATE HOSPITAL Level 1 (Main Hospital) 39 Allchurch Avenue BENOWA Q 4217 Tel: (07) 5610 5812 Fax: (07) 5610 5813	ST STEPHEN'S HOSPITAL 1-11 Medical Place HERVEY BAY Q 4655 Tel: (07) 4313 1160 Fax: (07) 4313 1161	MATER PRIVATE HOSPITAL Suite 1, Level 1, 31 Ward St ROCKHAMPTON Q 4700 Tel: (07) 4807 6512 Fax: (07) 4807 6513
ST ANDREW'S PLACE Ground Floor 33 North St SPRING HILL Q 4000 Tel: (07) 3054 1228 Fax: (07) 3054 1229	GREATER SPRINGFIELD SPECIALIST SUITES Suite 503, Level 5 Cnr Health Care Drive & Wellness Way, SPRINGFIELD CENTRAL Q 4300 Tel: (07) 3180 8290 Fax: (07) 3180 8291	ST VINCENT'S HOSPITAL Entrance 3, Level 2 Scott Street TOOWOOMBA Q 4350 Tel: (07) 4646 4250 Fax: (07) 4646 4253	GOLD COAST PRIVATE HOSPITAL LEVEL G Specialist Suites 14 Hill St SOUTHPORT Q 4215 Tel: (07) 5615 0005 Fax: (07) 5610 0006	HERVEY BAY MAIN ST CLINIC Suite 8, 62 Main St PIALBA Q 4655 Tel: (07) 4313 1160 Fax: (07) 4313 1161	MACKAY PRIVATE HOSPITAL 57 Norris Road MACKAY Q 4740 Tel: (07) 4805 6441 Fax: (07) 4805 6440
ICON CANCER CENTRE Level 1 9 McLennan Court NORTH LAKES Q 4509 Tel: (07) 3607 5194 Fax: (07) 3607 5196		FOR DIRECTIONS SCAN OUR QR CODE OR VISIT www.qldrespiratory.com.au/directions			MATER MEDICAL SUITES Suite 5, Wing 1 313 Bourbong St BUNDABERG Q 4670 Tel: (07) 4304 8001 Fax: (07) 4304 8002

NEED A RESPIRATORY PHYSICIAN?

Contact one of our physicians below. You'll find their clinic locations at www.qldrespiratory.com.au/our-physicians

Dr Lee Rafter (07) 4688 5480	Dr Christopher Zappala (07) 3371 0500	Dr Justin Hundloe (07) 3214 4000	Dr Farzad Bashirzadeh (07) 3871 0033	Dr Iain Feather (07) 5597 1622	Dr David Deller (07) 5539 4676	Dr Alex Ritchie (07) 3832 7776
Dr Lauren Galt (07) 3832 7776	Dr Geoffrey Fanning (07) 5322 5904	Dr Tom Skinner (07) 3832 7776	Dr Mahmoud Alkhater 0498 630 367	Dr Alistair Cook (07) 3371 0500	Dr Russell Goudge (07) 4313 1170	Dr Anu Siriwardana (07) 5619 9420