



Patient
Details

Name _____
Address _____
Date of Birth _____ Sex _____ Phone _____

Pulmonary Function Tests

- 1 Spirometry & Gas Transfer
- 2 Spirometry without Gas Transfer
- 3 SpO2
- 4 6 Minute Walk Test

Sleep Studies

- 5 Overnight Oximetry
(assessment for severe sleep apnoea)
 - Snorer BMI > 30kg/ m²
 - Unrefreshing/ fragmented sleep

Respiratory/Sleep Consultation

- 6 Urgent (ie. suspected lung cancer, rapidly progressing respiratory/sleep symptoms)
- 7 Next Available

Clinical
Details

Referring
Practitioner

Referred by _____
Provider no. _____ Date _____

Appointment

Date _____
Time _____ am pm