

Brisbane North  
**Lung Function  
Laboratory**

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MBBS (QLD, Hons) FRACP

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**APPOINTMENT**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**PATIENT DETAILS**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Address: \_\_\_\_\_

**TEST/TESTS REQUIRED**

Spirometry & Flow Volume Loops

Pre & Post Bronchodilator

Bedside Spirometry /  
Flow Volume Loops

Positional Spirometry

DLCO Gas Transfer

Lung Volumes –  
Body Plethysmography

Bronchial Provocation –  
Mannitol Challenge

**SMOKING HISTORY**

Current smoker  Former smoker  Non smoker

Smoking pack years (*20 cigarettes/day on average = 1 pack year*): \_\_\_\_\_

Most recent Hb: \_\_\_\_\_

Clinical details: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_

Referring Doctor's signature: \_\_\_\_\_

Provider number: \_\_\_\_\_

Date: \_\_\_\_\_ Fax / email for report: \_\_\_\_\_

If possible, please refrain from using inhalers,  
smoking or vigorous exercise 24hrs prior to testing