

Brisbane North  
**Lung Function  
Laboratory**

**Dr. Andrew Rosenstengel**

MBBS (QLD, Hons) FRACP

St Vincent's Northside Private Hospital

627 Rode Road, Chermside, QLD 4032

Phone (07) 3350 4111 Fax (07) 3350 5100

Email [rosenstengel@practicemail.com.au](mailto:rosenstengel@practicemail.com.au)

[www.respiratorysleepqld.com.au](http://www.respiratorysleepqld.com.au)

**APPOINTMENT**

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

**PLEASE NOTE: please refrain from using inhalers, smoking or vigorous exercise 24hrs prior to testing if possible.**

**PATIENT DETAILS**

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

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

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

**TEST/TESTS REQUIRED**

- |  |  |
|--|--|
| <input type="checkbox"/> Spirometry & Flow Volume Loops            | <input type="checkbox"/> DLCO Gas Transfer                             |
| <input type="checkbox"/> Pre & Post Bronchodilator                 | <input type="checkbox"/> Lung Volumes –<br>Body Plethysmography        |
| <input type="checkbox"/> Bedside Spirometry /<br>Flow Volume Loops | <input type="checkbox"/> Bronchial Provocation –<br>Mannitol Challenge |
| <input type="checkbox"/> Positional Spirometry                     |  |

**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: \_\_\_\_\_