Community Provider Spirometry Referral form

Surname: First Name(s): First Name(s): Not (if identified): Not (identified): Not (identified):	PATIENT DETAILS		Referral Date: / / /
Surname: First Name(s):			D.O.B:
NHI No.:	Surname:		
Address: Other Contact details:	NHI No.:	Ethnicity:	lwi (if identified):
Mobile: Fax: NZ resident: Yes No Docupation: SENERAL PRACTITIONER INFORMATION HPI No.: Medical Council Number: SP Practice: Fax: Email: Practice Address: Email: Phone: Fax: Email: Approved General Practice (listed on Mobile respiratory Nurse - Whakatane Bay Navigator) Mobile respiratory Nurse - Vhakatane Approved General Practice (listed on Mobile respiratory Nurse - Opotiki Practice name PHO service PHO service Fax Number Other Spirometry or additional testing is required at local Hospital Respiratory Laboratory, use the Respiratory Physiology Referral form available in Referral and Claims Forms on Bay Navigator Reason for Referral Ocornic cough Documentation of current severity Chronic cough Breathlessness Where response to therapy is not satisfactory(including asthma) Other Other Clinical information Smoking history: Current ex Smoker – pack years for current/ex smokers Never smoked Long Term Classification Relevant Medications and dosage Bronchodilator response testing ** Pre/post salbutamol (400 mcg. 4 puffs of MDI via spacer) To obtain accurate results, bronchodilator medications should be withheld. ** Note – once this prescription has been activated through signing, this form will become a legal prescription. If you do not wish to test			
Mobile: Fax: NZ resident: Yes No Occupation: GENERAL PRACTITIONER INFORMATION HPI No.: Medical Council Number: GP Name: GP Practice: Practice Address: Email:	Other Contact details:	Home:	Work:
Email: NZ resident: Yes No Docupation: GENERAL PRACTITIONER INFORMATION HPI No: Medical Council Number: GP Practice: GP Practice: Practice Address: Practice Address: Phone: Fax: Email: Approved General Practice (listed on Mobile respiratory Nurse-Whakatane Bay Navigator) Mobile respiratory Nurse-Vhakatane Approved General Practice (listed on Mobile respiratory Nurse-Vhakatane Bay Navigator) Mobile respiratory Nurse-Opotiki Practice name PHO service Fax Number Other Note: If spirometry or additional testing is required at local Hospital Respiratory Laboratory, use the Respiratory Physiology Referral form available in Referral and Claims Forms on Bay Navigator Reason for Referral COPD Suspected Documentation of current severity Chronic cough Breathlessness Where response to therapy is not satisfactory(including asthma) Other Coher Current ex Smoker – pack years for current/ex smokers Never smoked Long Term Classification Relevant Medications and dosage Bronchodilator response testing ** Pre/post salbutamed (400 mcg, 4 puffs of MDI via spacer) To obtain accurate results, bronchodilator medications should be withheld. ** Note – once this prescription has been activated through signing, this form will become a legal prescription. If you do not wish to test		Mobile:	_
GENERAL PRACTITIONER INFORMATION Medical Council Number: GP Name: GP Practice: Practice Address: Phone: Fax: Email: Approved General Practice (listed on	Email:		
API No.: Medical Council Number: SP Name: Practice: Practice Address: Phone: Fax: Email: Approved General Practice (listed on Bay Navigator) Practice name Mobile respiratory Nurse - Whakatane Mobile respiratory Nurse - Opotikl Practice name PHO service Other Note: If spirometry or additional testing is required at local Hospital Respiratory Laboratory, use the Respiratory Physiology Referral form available in Referral and Claims Forms on Bay Navigator Reason for Referral COPP Suspected Documentation of current severity Chronic cough Breathlessness Where response to therapy is not satisfactory(including asthma) Other Clinical information Smoking history: Current Sex Smoker – pack years for current/ex smokers Melevant Medications and dosage Bronchodilator response testing ** Pre/post salbutamol (400 mcg. 4 puffs of MDI via spacer) To obtain accurate results, bronchodilator medications should be withheld. ** Note – once this prescription has been activated through signing, this form will become a legal prescription. If you do not wish to test	Occupation:		
SP Practice: Practice Address:	GENERAL PRACTITIONER I	NFORMATION	
Practice: Practice Address: Practice Address: Practice Address: Fax:	HPI No.:		Medical Council Number:
Practice Address: Fax: Email:	GP Name:		
Practice Address: Fax: Email:	3P Practice:		
Referral to Approved General Practice (listed on			
Referral to Approved General Practice (listed on	ractice Address:	Eav:	Email:
Approved General Practice (listed on	Phone:		
Approved general Practice (listed on Bay Navigator)	Referral to		
Practice name Mobile respiratory Nurse -Opotiki PHO service Other Other Motile fishirometry or additional testing is required at local Hospital Respiratory Laboratory, use the Respiratory Physiology Referral form available in Referral and Claims Forms on Bay Navigator Reason for Referral COPD		Practice (listed on	
PHO service Other			
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Current	Other		
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	Bronchodilator respon	se testing **	
** Note – once this prescription has been activated through signing , this form will become a legal prescription. If you do not wish to test bronchodilator response please cross out above prescription.			·
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G.P signature NZMC No	G.P. signature		NZMC No.
For referral to Approved General Practice – see BayNavigator for Provider fax number.			
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