Consultant Respiratory & Sleep Physicians
Dr Paul J. Hamor MBBS BSc FRACP 272698WJ
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Bondi Respiratory & Sleep

Patient Details

Name: _____ Email: _____

D.O.B _____ Phone: _____ Mobile: _____

☐ Diagnostic testing only

☐ Request for Physician Consultation ◯ Dr Hamor ◯ Dr Stumbles ◯ Dr Al-Hindawi

◯ 12 month referral ◯ Indefinite referral

Requested Tests

- ☐ Complex Lung Function (Spirometry & Diffusion)
- ☐ Spirometry - Pre & Post Bronchodilator
- ☐ Spirometry - Erect & Supine
- ☐ FENO (Fractional Concentration of Exhaled Nitric Oxide)
- ☐ Respiratory Muscle Strength (MIP/MEP)
- ☐ Asthma Bronchoprovocation *(Consultation required)*
- ☐ 6-Minute Walk Test *(Consultation required)*
- ☐ Overnight Oximetry

Instructions

Standard Lung Function Tests:
*If able, withold all short-acting inhalers for **6 hours** prior and withold long-acting inhalers for **24-36 hours** prior to testing*

Broncoprovocation Testing
*If able, withold all short-acting inhalers for **12 hours** prior testing, and withold all long acting inhalers, nasal sprays or anti-histamines for **72 hours** prior to testing*

Clinical Notes

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Referrer Details

Name: _____ Provider No: _____

Address _____ Phone: _____

Signature _____ Date: _____

Report to: ☐ Fax: ☐ Email: ☐ Mail:

Copies To: ☐ More Referral Pads