

Fraser Coast Health Service District Hervey Bay and Maryborough Hospitals

Please complete the attached referral form and fax to Community Health on 4122 8709

Pulmonary Rehabilitation/COPD Clinic Referral Form	
Name:	DOB:
Address:	Phone: Home: Work: Mobile:
Respiratory Diagnosis:	
Other Conditions:	
Relevant Investigations: (eg CXR, LFT's, ABG's, other)	
Medications:	

Have you discussed pulmonary rehabilitation with patient? Yes No

Referring Medical Officer:

Name: _____ **Signature:** _____

Phone: _____ **Fax:** _____

Email: _____

Please fax this form to Community Health on 4122 8709