Respiratory Care WA
Asthma | COPD | Respiratory Health

Who can be referred
Patients living in Western Australia with asthma and/or COPD. All services are fully bulk billed.

How to refer
Referrals must come from a GP or other healthcare professional. We do not accept self-referrals.

What to include
Please fill out ALL sections of the referral form and attach relevant documents, including the patient's Asthma/COPD Action Plan and Patient Management Plan.

Important: this is not an emergency service

- Medical emergency: call 000 or go to your nearest emergency department.
- Urgent but not an emergency: contact your GP or call Healthdirect on 1800 022 222 (available 24/7).

Referral From	
Name:	
Provider Number:	
Phone:	
Address:	
Fax:	

Secure Messaging	Healthlink address ID: **waasthma**
Fax	(08) 9289 3601
Post	Respiratory Care WA 36 Ord Street West Perth, WA 6005

Patient Details	
First name(s):	
Family name:	
Preferred name:	
Title:	
Date of birth:	
Gender:	

Address incl. Street, City, State.			
Mailing Address (if different):			
Post code:		**Email:**	
Telephone No:			
Home Phone:		**Work Phone:**	
Mobile:		**Fax:**	

Special Needs:			
Is an interpreter required?		**If yes, language/dialect:**	
Other special needs:			

Medicare eligible:					
Medicare number:		**Ref:**		**Expiry:**	

Next of Kin/Guardian	
Full name:	
Relationship:	
Phone:	

Patient is aware we will contact them to confirm appointment via email/SMS information provided on the referral.

Consent for email confirmation of appt times
Consent for SMS confirmation of appt times
Consent for both email/SMS confirmation of appt times

Referral Details	
Is the referrer the usual GP for the patient?	
If no, name of usual GP:	
Contact number:	
Length of referral:	
Is this a renewed referral?	

Reason for referring:
Adult Respiratory Hub (Includes lung function testing, Registered Nurse assessment/education)

Children's Respiratory Hub (Includes lung function testing, Registered Nurse assessment/education, Specialist Review if necessary)

Diagnosis: Suspected asthma Confirmed asthma
Suspected COPD Confirmed COPD
Undiagnosed / Other

Chronic Condition Management Plan (CCMP) Initiated - YES NO Unsure N/A

If yes, has the CCMP been updated in the last 3 months? - YES NO Unsure

Asthma / COPD Action Plan initiated - YES NO Unsure N/A

If yes, has Action Plan been updated in the last 3 months? - YES NO Unsure

** Any recommendations for CCMP or Action Plan updates by a Respiratory Care WA Health Professional will be provided in the report for GP to review with the patient. **Respiratory Care WA does **not** Medicare bill for this activity.

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Clinical Information	
Observations:	
Percentile, height & weight:	
Current problem:	
Past history:	
Current medications:	
Allergies:	
Other clinical information:	
Family history:	
Social history:	

Additional Clinical Information

Has your patient utilised emergency / urgent care resources in the past 12 months? YES NO
If yes:

1-2
3-5
5+

Has your patient required antibiotics for treatment of respiratory complications in the past 12 months? YES NO
If yes:

1-2
3-5
5+

Has your patient required oral corticosteroids for treatment of their respiratory condition in the past 12 months? YES NO
If yes:

1-2
3-5
5+

Other relevant Clinical Information

RESPIRATORY CARE WA
36 ORD STREET, WEST PERTH WA 6005 | PO BOX 864, WEST PERTH WA 6872
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