Asthma & Respiratory Management BOP Inc

Self – Referral Form

Date: ……

Full Name: …… DOB: ……

Address: ……

…… Email: ……

NHI No: (If known) ……

Phone: ……

GP/Medical Centre: ……

Do you have?

- *Asthma*
- *COPD*
- *Another condition affecting your lungs, if so please explain*
  ……..

Why do you want an appointment?

- *Education about your condition/use of inhalers*
- *Worsening of COPD*
- *Worsening asthma symptoms*
- *Other:* ……

Are you prescribed inhalers?

YES NO

If yes, what are they? ……

Have you been admitted to hospital with your asthma/COPD over the last 12months and if so, how many times?

How many courses of steroids/antibiotics have you had over the last 12 months?

Do you have any medical conditions e.g.: heart condition, recent stroke, uncontrolled blood pressure, eye problems. If so, please list:

Do you have any pending hospital appointments? If so, what for?

Please note we cannot accept self-referrals for the hire of nebulisers or if you do not have a pre-existing diagnosis of a respiratory condition.

GP referrals are required for Pulmonary Rehab.

Please return this self-referral form to reception@asthmabop.org.nz thank you