

**Peninsula Health - Bronchoscopy Booking Form**

Please send to: fax – 9784 2390  
e-mail – [bronchbookings@phcn.vic.gov.au](mailto:bronchbookings@phcn.vic.gov.au)

**Patient Details:**

UR Number:  Outpatient  
Surname:  Inpatient  Unit: .....

Given Names:  
Date of Birth: Best Contact Phone Number:

**Referring Physician:**

*Note: Referrals can be accepted from a Peninsula Health Respiratory Consultant or Respiratory Registrar only*

Name: Contact Number:  
Signature: Date of Request:

Procedure:	Indication for Bronchoscopy: <input type="checkbox"/> Urgent
<input type="checkbox"/> Bronchoscopy	
<input type="checkbox"/> EBUS <input type="checkbox"/> Linear <input type="checkbox"/> Radial	
<input type="checkbox"/> Biopsy <input type="checkbox"/> Endobronchial <input type="checkbox"/> Transbronchial	
<input type="checkbox"/> Thermoplasty	
<input type="checkbox"/> Valve insertion	
<input type="checkbox"/> Additional Requests	<input type="checkbox"/> Image Intensifier <input type="checkbox"/> Scope size: <input type="checkbox"/> Standard <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Cryo probe

**Additional Information:**

Letter from Referring Physician  
 Thoracic Imaging (location of test)  MIA number: .....  
 Respiratory Function Tests  
 Consent form signed by patient  
 Where will the patient be followed-up post-bronchoscopy .....

Medical Comorbidities	Anticoagulation/Antiplatelet Agents:
<input type="checkbox"/> Respiratory ..... <input type="checkbox"/> TB risk <input type="checkbox"/> Infectious disease ..... <input type="checkbox"/> Cardiac ..... <input type="checkbox"/> Endocrinology ..... <input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Renal ..... <input type="checkbox"/> Haematological ..... <input type="checkbox"/> Other .....	Is the patient on antiplatelet / anticoagulants ? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes... Drug name ..... Indication ..... Does it need to be ceased ? <input type="checkbox"/> No <input type="checkbox"/> Yes – please give the patient written instructions

**Patient Instructions:**

Overnight bed request  
 Particular Respiratory requirements