

Pulmonary Function Referral Form

PATIENT DETAILS			
First Name		Surname	
Gender	M / F	Date of birth	
Phone No:		Mobile:	
Address			
Interpreter required	Yes / No	Language:	

CLINICAL NOTES			
COPD <input type="checkbox"/>	Asthma <input type="checkbox"/>	Work cover <input type="checkbox"/>	For Review <input type="checkbox"/>
Other			
Relavent Medications			

TESTS REQUESTED			
<input type="checkbox"/>	Pre and post bronchodilator <input type="checkbox"/>	Lung volumes <input type="checkbox"/>	
Spirometry	Hb _____ Date ____:____:____	Bronchial provocation <input type="checkbox"/>	
DLCO <input type="checkbox"/>			
Other <input type="checkbox"/>	_____		

REFERRAL DETAILS			
Provider Name:		Provider No:	
Address			
Email / Fax (for report)			
URGENT	Yes / No	Fax :	
Signature		Date	____/____/____
Copies to			

Routine Tests Available:

- 1) Spirometry - Expiratory & inspiratory flow volume loops (+/- bronchodilator, will be performed if initial spirometry is obstructed)
- 2) DLCO – Transfer across the lung of carbon monoxide -Assessment of gas exchange / alveolar membrane integrity
- 3) Lung Volumes (plethysmography) –Measures lung size (eg TLC, FRC, RV)
- 4) Maximal respiratory pressures – Measure of respiratory muscle strength (inspiratory & expiratory)
- 5) Bronchial Provocation Test – Assesses bronchial hyperreactivity and if relevant effectiveness of preventer medications

Contraindications:

- Abdominal, thoracic, neuro, ocular surgery in past 6 weeks
- Pneumothorax in past 6 weeks
- Haemoptysis of unknown origin
- Open pulmonary TB
- Thoracic, abdominal or cerebral aneurisym
- Angiogram in previous 24hrs
- Transbronchial biopsy in previous 24hrs
- Intercostal catheters in situ
- Unstable cardiovascular status
- Recent myocardial infarction
- Recent pulmonary embolus

The following respiratory medication should be withheld if a pre/post bronchodilator study has been requested. (Not required for other tests).

Medication	Hours withheld	Medication	Hours withheld
Alvesco	0	Pulmicort	0
Anoro	48	Salbutamol (Ventolin)	4
Atrovent	6	Seretide	24
Breo	48	Seebri	24
Bricanyl	4	Symbicort	24
Montelukast (Singulair)	0	Spiriva	24
Onbrez	48	Ultibro	48