

LUNG FUNCTION TESTING

REQUEST FOR INVESTIGATION

Guidelines for Tests:	<p>A. Cough or Possible Asthma - Bronchial Challenge test only</p> <p>B. Shortness of Breath - Full lung function Spirometry, Volumes, Gas Diffusion. (Bronchial Challenge may not be necessary)</p> <p>C. Asbestos Related Problems - Full lung function Spirometry, Volumes, Gas Diffusion. (Bronchial Challenge not needed)</p>
Patient Details:	<p>Name: D.O.B.</p> <p>Address:</p> <p>..... Phone.</p>
Patient Medications:	<p>Bronchodilator (cease before test if required)</p> <p>Theophylline</p> <p>Cromoglycate / Nedocromil</p> <p>Inhaled steroid</p> <p>Oral steroid</p> <p>Other (<i>specify</i>)</p>
Tests Requested:	<p>1. Spirometry Pre and Post Bronchodilator <input type="checkbox"/></p> <p>2. Lung Volumes (FRC N₂) <input type="checkbox"/></p> <p>3. Gas Diffusion (DLCO) <input type="checkbox"/></p> <p>4. Bronchial Challenge (hypertonic saline) <input type="checkbox"/></p>
Clinical Information:	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Referring Doctor:	<p>.....</p> <p>.....</p> <p>.....</p> <p>Signature: Date:</p>
Additional Reports to:	<p>.....</p> <p>.....</p>