LUNG HEALTH CLINIC BANNER AND CONTACT DETAILS

RESPIRATORY FUNCTION REQUEST

PATIENT DETAILS

Name……DOB……

Address……

Home phone……Mobile phone……..

Email……..

REASON FOR REQUEST Please include Haemoglobin level, if known……..g/L

TESTS REQUIRED

Respiratory tests

- ☐ Comprehensive lung function
- ☐ Spirometry and flow volume loop
- ☐ Exhaled nitric oxide and spirometry
- ☐ Bronchial reactivity testing (mannitol)
- ☐ Respiratory muscle testing - mouth pressures
- ☐ 6 minute walk test with spirometry
- ☐ Oxygen therapy assessment
- ☐ Altitude simulation testing
- ☐ Lung volume clearance test (multi-breath nitrogen washout test)

Allergy tests

- ☐ Allergen skin prick testing

REFERRING DOCTOR/STAMP

Doctors Name……

Practice Name……

Address……

Telephone……Email……

Date of Request……Provider Number……

Submit directly to The Lung Health Clinic by clicking here ☐

OR Print and email/fax to The Lung Health Clinic