THE Lung Health CLINIC

LUNG FUNCTION AND ALLERGY TESTING REQUEST FORM

PATIENT DETAILS

* Required Field

Name *

DOB * *dd/mm/yyyy* / /

ADDRESS

Street *

Suburb *

Post Code *

Telephone * *(mobile or home)*

Email

TESTS REQUESTED

Respiratory Tests

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

Allergy Tests

- ☐ Aeroallergen skin prick testing

CLINICAL DETAILS/REASON FOR REQUEST

REFERRING DOCTOR/STAMP

Doctors Name *

Practice Name *

Provider Number *

ADDRESS

Street *

Suburb *

Post Code *

Telephone *

Email

Date of Request * / /

Signature *

Suite 49, 2nd Floor Hollywood Medical Centre – 85 Monash Avenue, Nedlands, WA 6009

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