



Northern Health

U.R.: _____

Name: _____

D.O.B.: _____ / _____ / _____

Gender: M / F (please circle)

Phone: _____

LUNG FUNCTION REFERRAL

Tel: (03) 8405 2444 Fax: (03) 8405 8230

Department of Respiratory Medicine

Northern Hospital

email: respiratorylab@nh.org.au

Medical Director: Dr L Hannan

Requesting Doctor

Name _____

Provider number _____

Report to: _____

Copy to: _____

Sign _____

Date ____ / ____ / ____

Inpatient Outpatient

Appt Date & Time

____ / ____ / ____

____ : ____

Clinical History

Interpreter needed

Test on Current Medications Withhold Medications (See Over)

REQUEST

1. Spirometry Flow/Volume Curve
2. TLCO (CO Transfer Factor)
3. Lung Volumes
4. Bronchial Provocation (select):
 - a. Methacholine
 - b. Mannitol
5. Arterial Blood Gases
6. Maximum Respiratory Pressures
7. 6MWT
8. Skin Prick Testing
9. FeNO
10. CPET
11. Other _____

Information for patients:

- 1. When instructed by your doctor**, on the day of your test **do not take your puffers** or inhalers **unless absolutely necessary** for the following times prior to your appointment;
 - Short acting puffers (eg Ventolin, Bricanyl, Atrovent) 8 hours
 - Long acting puffers (eg Seretide, Symbicort, Spiriva, Flutiform, Onbrez, Bretaris, Breo, Ultibro, Seebri, Incruse, Anoro, Spiolto) 48 hours
 - Large meals, strenuous exercise 2 hours
 - Cigarettes, Caffeine containing products 4 hours
 - Antihistamines (for skin prick testing) 72 hours
- 2. If your tests includes an exercise test** (box number **7 or 10** overleaf will be ticked) your doctor should have advised you to wear loose clothing suitable for fast walking with appropriate footwear.
- 3. Parking at hospitals is often congested** - please allow at least 20 minutes for parking. There is also a “drop off” zone near the entry at all sites. **If you are late for your appointment it will likely require re- scheduling to another day.**

Information for requesting doctors:

- 1. Spirometry Flow/Volume Curve** - a test of ventilatory capacity used to confirm and quantify severity of obstructive lung disease – **if reversibility assessment is needed please advise patient to withhold inhaled medications as above.**
- 2. TLCO** – transfer factor is useful in assessing parenchymal gas exchange and pulmonary blood flow.
- 3. Lung Volumes** – quantification of lung sub-divisions. Useful in confirming restrictive lung processes, or severity of gas trapping and hyperinflation in obstructive pathologies.
- 4. Bronchial provocation** – assessment of airway hyper-responsiveness in a controlled dose response to agents known to trigger bronchospasm in asthmatics. **(Inhaled medications must be withheld as per instructions above.)**
- 5. Arterial Blood Gas** – measures gas transport (oxygen, carbon dioxide) in the blood and acid-base balance.
- 6. Maximal Respiratory Pressures** – quantifies respiratory muscle strength, in particular the diaphragm. Useful in neuromuscular diseases.
- 7. 6MWD** – an assessment of exercise capacity and oxygen saturation during a standardised 6 minutes of walking exercise. Useful in advanced disease.
- 8. Skin prick tests** – detecting the presence of atopy to common inhaled allergens.
- 9. Overnight oximetry** – screening test for sleep disordered breathing and nocturnal hypoxia
- 10. Cardiopulmonary Exercise Test** – maximal exercise test to evaluate unexplained dyspnoea, evaluate VO₂peak/max and for surgical risk stratification