Nepean Blue Mountains Local Health District

Facility:

PULMONARY FUNCTION TEST REQUEST FORM

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Additional patient details:

Medicare Number: _____ Contact Number: _____

Interpreter Required?: ☐ No or ☐ Yes ► Language:

Indication for test: _____

Urgent (specify reason): _____

Medical history:

- ☐ COPD
- ☐ Asthma
- ☐ Interstitial lung disease
- ☐ Neuromuscular disease
- ☐ Cardiac failure
- ☐ Ischaemic heart disease
- ☐ Neurological or cognitive disorder
- ☐ Weight > 150kg

Other relevant medical history: _____

Current inhaled medications: _____

Standard testing

- ☐ Full test "screening" (spirometry, lung volumes, DLCO)
- ☐ Spirometry (pre- & post-bronchodilator)

Specialised testing

- ☐ Maximum inspiratory/expiratory pressures
- ☐ FeNO
- ☐ Bronchial provocation (mannitol)
- ☐ Supine spirometry – Respiratory only

Referring Practitioner details: (*Stamp if available)*

Doctor: _____

Provider number: _____

Address (for results): _____

_____ Date: _____/_____/_____

Contact number: _____ Signature: _____

Nepean Respiratory Function Laboratory

Medical Outpatients, Level 1 C-Block, Nepean Hospital

Phone: (02) 4734 3784 or (02) 4734 2352 Fax: (02) 4734 2618

Email completed form to: NBMLHD-RespiratoryFunction@health.nsw.gov.au

BRING COMPLETED FORM WITH YOU ON THE DAY OF THE TEST

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

PULMONARY FUNCTION TEST REQUEST FORM NBMHR-0227

NBMHR-0227A 250724