

LUNG *FUNCTION* SERVICES

Respiratory Testing Services

Prof Peter Bremner
MD MBChB FRACP

IN PATIENT OUT PATIENT
 WARD

Telephone: (08) 6165 4800

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PATIENT DETAILS

Surname		Contact No.	
First Name		Date of Birth	/ /

CLINICAL HISTORY

	Smoker	Current	<input type="checkbox"/>
		Ex	<input type="checkbox"/>
		Never	<input type="checkbox"/>

INVESTIGATIONS

<input type="checkbox"/> 1. FULL PULMONARY FUNCTION	
<input type="checkbox"/> 2. SPIROMETRY AND BRONCHODILATOR RESPONSIVENESS	
<input type="checkbox"/> 3. BRONCHIAL PROVOCATION	Mannitol <input type="checkbox"/>
<input type="checkbox"/> 4. OXYGEN ASSESSMENT	Exercise Oximetry <input type="checkbox"/> 6MWT <input type="checkbox"/>
<input type="checkbox"/> 5. SKIN PRICK TESTS	
<input type="checkbox"/> 6. RESPIRATORY MUSCLE STRENGTH	
<input type="checkbox"/> 7. ALTITUDE SIMULATION	
<input type="checkbox"/> 8. CLINICAL CONSULTATION	

URGENT
REPORT
REQUIRED

REFERRING DOCTOR

Name		Copy to:
Address		
Provider No		
Phone No		
Email		
Signature		
	Date	

PLEASE SEE REVERSE FOR PATIENT INSTRUCTIONS AND BOOKING DETAILS

IMPORTANT PATIENT INSTRUCTIONS

FULL PULMONARY FUNCTION TEST – SPIROMETRY – BRONCHIAL PROVOCATION

- On the day of the test: Do not smoke
- 6 hours before the test: Do not take Ventolin, Bricanyl, Atrovent, Airomir, Asmol
- 12 hours before the test: Do not take Serevent, Oxis, Symbicort, Seretide, Singulair, Flutiform, Foradile, Brimica, Bretaris
- 24 hours before the test: Do not take Spiriva, Spiolto, Onbrez, Seebri, Ultibro, Incruse, Anoro, Breo, Trelegy.
- Continue all other medications

BRONCHIAL PROVOCATION (IN ADDITION TO THE ABOVE INSTRUCTIONS)

- On the day of the test: Do not take Intal Forte, Tilade or Theophylline
- 3 days before the test: Do not take antihistamine medication, some cough mixtures may contain antihistamine (please check with your pharmacist)
- Continue all other medications

SKIN PRICK TEST

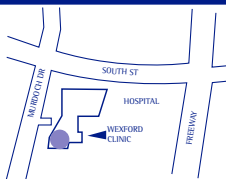
- 3 days before the test: Do not take antihistamine medication, some cough mixtures may contain antihistamine (please check with your pharmacist)
- Continue all other medications

Please contact our rooms on 6165 4800 for advice as your test may need to be rescheduled; if you have taken, or need to take, any of the above medications within these time restrictions; if you are unsure whether to take a medication; if you are experiencing cold and flu or respiratory infection symptoms and/or taking prescription medication (eg. antibiotics) or over the counter medication (expectorants, decongestants). Vigorous exercise should not be performed on the day of the test.

LOCATION

Murdoch

Suite 20, Level 1
Wexford Medical Centre
3 Barry Marshall Parade



APPOINTMENT DETAILS

Date

Time

Location

Amount Payable on the Day \$

Methods of Payment Available: Eftpos or Credit Card Only

For all appointments please telephone: (08) 6165 4800