Darwin Respiratory and Sleep Health
REQUEST FOR LUNG FUNCTION TESTING

Ground Floor, Darwin Private Hospital, Rocklands Drive Tiwi NT 0810
Ph: 08 8945 1972 F: 08 8920 6309 E: admin@darwinressleep.com

Surname: .....

Given Names: .....

Gender: ..... DOB: .....

Phone: ..... Mobile: .....

Address: .....

.....

Requesting Doctor: .....

.....

Medical Centre: .....

.....

Provider Number: .....

☐ Public ☐ Private ☐ Veteran ☐ Defence

- ☐ Full lung function test
- ☐ Spirometry + flow volume curves
- ☐ Pre + post bronchodilator
- ☐ Gas transfer
- ☐ Lung volumes
- ☐ Six minute walk test - please specify
  - ☐ Air ☐ O_2 .....L/min
- ☐ Bronchial provocation
- ☐ Overnight oximetry
- ☐ Sleep study
- ☐ Other .....

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Please provide relevant clinical notes (including bronchodilator therapy): .....

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Does the patient have an active communicable infection? eg. TB. ☐ No ☐ Yes

Please specify: .....

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Requesting Dr. signature .....

Date requested ...../...../.....

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Patient Information

Lung function tests find out how well you move air in and out of your lungs, and how well oxygen enters your body.

Lung function tests are used for various reasons including (but not limited to):

- Comparing your lung function with known standards.
- Measuring the effect of chronic diseases like Asthma, Chronic Obstructive Lung Disease (COPD).
- Identifying early changes in lung function that might show a need for treatment.

A technician will help you perform the test however the technician cannot tell you what the results mean.

Listen carefully to the Technician's instructions, if you do not understand them, ask the Technician to repeat them.

The test takes approximately 30 minutes to complete.

DO NOT:

- Smoke for at least four (4) hours before the test.
- Exercise heavily for at least thirty (30) minutes before the test.
- Wear tight clothing that may restrict breathing.
- Eat a large meal within two (2) hours before the test.
- Take puffers/inhalers for at least four (4) hours prior to your test.
- Take Spiriva, Tiotropium bromide, Theophyllines, Nuelin, Singulair, Montelukast for twenty-four (24) hours - However, if you have symptoms (breathing difficulties/wheezing) please continue on medication as required.

Office use only:

Patient ID: .....

Appt date: .....

Appt time: .....

Report distribution date: .....

Billing Date: .....

Billing Reference: .....