

## Respiratory Physiology Investigation Request Form

<b>Patient name:</b>  <b>DOB:</b>  <b>Address:</b>  <b>Home Telephone:</b>  <b>Mobile:</b>	<b>Referring Consultant / GP:</b>  <b>Signature:</b>  <b>Contact Address:</b>  <b>Contact Telephone:</b>  <b>Fax:</b>
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<b>Smoking Status: YES/NO</b>  <b>Suspected Diagnosis/Clinical Information:</b>	<b>Current Medications:</b>
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<b>Lung Function:</b> Spirometry (Flow Volume Loops) Single Breath Gas Transfer (TLCO) Lung Volumes (Helium Dilution) Reversibility with 400mcg salbutamol (via spacer)	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>Sleep</b> Epworth Diagnostic Home Study Overnight oximeter 30 CPAP Assessment	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>
<b>Exercise:</b> Exercise induced asthma test Cardio-Pulmonary Exercise (VO2 Max) Exercise Stress Test	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	<b>Special Tests:</b> Inhaled Methacholine Challenge Nijmegen Hyperventilation Questionnaire Skin Prick Allergen Test Resting Pulse Oximetry FeNO (NIOX)	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>