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Pulmonary Function Test Referral Form

READ PATIENT INSTRUCTIONS OVERLEAF BRING THIS FORM AND YOUR
MEDICARE CARD TO APPOINTMENT

Patient Information

Name: _____

Address: _____

Date of Birth: _____

Telephone: _____

Referring Doctor Information

Name: _____

Provider No: _____

Address: _____

Fax: _____

Telephone: _____

Email: _____

- | | |
|--|--|
| <input type="checkbox"/> Spirometry (flow volume curve)
(Pre Bronchodilator) | <input type="checkbox"/> Static Lung Volumes |
| <input type="checkbox"/> Spirometry (flow volume curve)
(Pre and Post Bronchodilator) | <input type="checkbox"/> Bronchoprovacation/
Challenge Test |
| <input type="checkbox"/> Diffusing Capacity
/Transfer Factor (with Hb
correction) | <input type="checkbox"/> 6 Minute Walk Test |
| | <input type="checkbox"/> MIPs/MEPs |

Relevant Medical History – Including Communicable Diseases and Allergies

Doctor's Signature: _____

Date: _____

Patient Pre-Test Instructions

- No smoking on the day of the test. Must be at **LEAST 4 HOURS** prior to testing
- Check the following table for respiratory medications NOT to be taken before each test
- If you become **SHORT OF BREATHE** or **WHEEZY** before your appointment, take your medication and telephone us on 84232622

For Standard Lung Function Testing:

Withholding Time	Medications
6 Hours	Airomir, Asmol, Bricanyl, Ventolin
12 Hours	Atrovent
24 Hours	Symbicort, Seretide, Oxis, Serevent
36 Hours	Breo, Onbrez, Ultibro
48 Hours	Spiriva, Spiolto, Trelegy, Bretaris, Brimica, Anoro, Incruse, Seebri

For Bronchoprovation/Challenge Tests:

Withholding time is **DOUBLE** the above times.

Antihistamines (Claratyne, Telfast, Zyrtec, etc) must be withheld for **48 Hours**

Inhaled corticosteroids must be withheld for **12 Hours**

For 6 Minute Walk Tests:

Take all medications, **including respiratory medications** as per usual



PARKING AT REAR