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*(Office use only)*

Appointment date: \_\_\_\_\_

Appointment time: \_\_\_\_\_

HOSPITAL UR: \_\_\_\_\_ SEX: Male / Female

PATIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

REQUESTING DOCTOR: \_\_\_\_\_  GP  Specialist

PROVIDER NUMBER: \_\_\_\_\_  WH Respiratory Clinic

ADDRESS: \_\_\_\_\_  Other WH Clinic .....  Public Clinic  Private/MBS

COPY RESULTS TO: \_\_\_\_\_

**INVESTIGATIONS REQUIRED:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Spirometry (including flow/volume loop)   | <b>Lung Volumes</b>                             | <b>Bronchoprovocation</b>                    |
| <input type="checkbox"/> DLCO (gas transfer)                       | <input type="checkbox"/> Plethysmography        | <input type="checkbox"/> Histamine Challenge |
| <input type="checkbox"/> MIPS / MEPS (respiratory muscle strength) | <input type="checkbox"/> Gas Dilution Technique | <input type="checkbox"/> Mannitol Challenge  |
| <input type="checkbox"/> Pulse oximetry (air / oxygen)             |   | <input type="checkbox"/> Saline Challenge    |
| <input type="checkbox"/> Home O <sub>2</sub> Assessment:           |   |  |
| <input type="checkbox"/> Arterial Blood Gas (air / oxygen)         | <input type="checkbox"/> Other _____            |  |

**CLINICAL DETAILS:**

History: \_\_\_\_\_

Medication: \_\_\_\_\_

Smoker:  Yes  No  Ex  Interpreter required: Language .....

Number per day: \_\_\_\_\_  Increased infection control: Details.....

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PATIENT INSTRUCTIONS**

Appointment date: \_\_\_\_\_

Appointment time: \_\_\_\_\_

**BEFORE ALL TESTS:**

If possible, no Ventolin, Respolin, Atrovent, Bricanyl, Asmol, Ipratrin, Airomir, should be taken for *4 hours*.  
 If possible, no Serevent, Seretide, Oxis, Symbicort, or Foradile, should be taken for *12 hours*.  
 If possible, no Spiriva should be taken for *24 hours*.

No smoking for *4 hours* prior to test. You may eat and drink as normal.  
 Take all medications as usual, except those listed above.

**BEFORE BRONCHOPROVOCATION CHALLENGE TESTS ONLY:**

No tea, coffee, chocolate, or caffeinated drinks or foods should be consumed on the test day.

- No Hismanal for *6 weeks prior*.
- No antihistamine such as Teldane, Claratyne, or Telfast, for *1 week*.
- No long acting medicines such as Seretide, Serevent, Formoterol, Oxis, Symbicort, for *3 days*.
- No antihistamine such as Zadine, Polaramine, or Phenergen, for *3 days*.
- No inhaled steroids such as Pulmicort, Flixotide, Seretide, Symbicort, Respocort, QVAR, Alvesco for *3 days*.
- No oral steroids such as Prednisolone, Prednisone, Dexamethasone, for *3 days*.
- No Spiriva for *24 hours*.
- No medicine such as Ventolin, Respolin, Bricanyl, Asmol, Ipratrin, Airomir, Atrovent, for *6 hours*

**If you are more breathless than usual after stopping the above medications, please contact your doctor and resume taking the medications.**