

## Pulmonary Test Referral Form

Please fax this form to +44 (0)20 7349 3892 or for appointments, call +44 (0)20 7349 3852

PATIENT DETAILS					
TITLE	SURNAME		GENDER (Please tick) MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
FORENAME		HOSPITAL NO	DATE OF BIRTH		
ADDRESS					POSTCODE
EMAIL ADDRESS			TEL NO		
APPOINTMENT DETAILS		DATE	TIME		
REFERRER'S DETAILS					
NAME			SIGNATURE		
ADDRESS					
TEL NO		FAX NO		DATE	
PULMONARY TESTS REQUIRED (Please tick)					
SPIROMETRY <input type="checkbox"/>			MANNITOL CHALLENGE <input type="checkbox"/>		
FULL LUNG FUNCTION <input type="checkbox"/>			REVERSIBILITY <input type="checkbox"/>		
OTHER (PLEASE SPECIFY) <input type="checkbox"/>					
PLEASE INDICATE IF REPORT IS REQUIRED <input type="checkbox"/> (Please tick)					
CLINICAL DETAILS	YES	NO	CLINICAL DETAILS	YES	NO
CHEST PAIN	<input type="checkbox"/>	<input type="checkbox"/>	Current SMOKER	<input type="checkbox"/>	<input type="checkbox"/>
COUGH	<input type="checkbox"/>	<input type="checkbox"/>	Ex SMOKER	<input type="checkbox"/>	<input type="checkbox"/>
S.O.B	<input type="checkbox"/>	<input type="checkbox"/>	OTHER		
WHEEZE	<input type="checkbox"/>	<input type="checkbox"/>			
INDICATIONS/COMMENTS					

OBSERVATIONS: PRE MANNITOL CHALLENGE				OBSERVATIONS: POST MANNITOL CHALLENGE			
Pre-Challenge FEV1 Blood pressure Respiratory rate Baseline SaO2 Baseline FEV1 Target FEV1 (85% Baseline)				Blood pressure Respiratory rate SaO2 FEV1 at 15 minutes FEV1 at 30 minutes (if required) (FEV1 should return to within 5% of baseline)			
<p><b>FEV1 &lt;50% - TEST CONTRAINDICATED</b></p> <p>If the FEV1 value is equal to or below the target value, or there has been an incremental fall of &gt; 10% from the previous dose, the challenge is positive and complete. If not, proceed to next dose.</p>							
DOSE	DRUG	DOSE	ROUTE	GIVEN BY	TIME	DATE	FEV1 (L)
1	Mannitol	0mg	INH				
2	Mannitol	5mg	INH				
3	Mannitol	10mg	INH				
4	Mannitol	20mg	INH				
5	Mannitol	40mg	INH				
6	Mannitol	80mg	INH				
7	Mannitol	160mg	INH				
8	Mannitol	160mg	INH				
9	Mannitol	160mg	INH				
Total dose given:							
Salbutamol 100mcg inhaler		200 mcg	INH				
Salbutamol 100mcg inhaler		200 mcg	INH				
<b>Referrer's signature:</b>							