

## 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)  <b>Exercise:</b> Exercise induced asthma test Cardio-Pulmonary Exercise (VO2 Max) Exercise Stress Test	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Sleep</b> Epworth <input type="checkbox"/> Diagnostic Home Study <input type="checkbox"/> Overnight oximeter 30 <input type="checkbox"/> CPAP Assessment <input type="checkbox"/>  <b>Special Tests:</b> Inhaled Methacholine Challenge <input type="checkbox"/> Nijmegen Hyperventilation Questionnaire <input type="checkbox"/> Skin Prick Allergen Test <input type="checkbox"/> Resting Pulse Oximetry <input type="checkbox"/> FeNO (NIOX) <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>   <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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