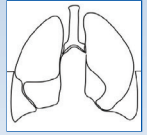


Northern Respiratory
 2/23 Philip Highway
 Elizabeth SA 5112
 Phone: (08) 8287 2040
 Fax: (08) 8255 5370
 Email: nrfureception@respiratorysa.com.au
www.northernrespiratory.com.au

Respiratory SA
 75 Fullarton Road
 Kent Town SA 5067
 Phone: (08) 8364 4422
 Fax: (08) 8332 2236
 Email: reception@respiratorysa.com.au
www.respiratorysa.com.au



**PLEASE READ PATIENT INSTRUCTIONS OVERLEAF
 BRING THIS FORM AND YOUR MEDICARE CARD WITH YOU**

Patient Information

Name: _____
 Address: _____
 Date of Birth: _____ Telephone: _____

Referring Doctor Information

Name: _____
 Address: _____
 Telephone: _____ Fax: _____

- | | |
|---|---|
| <p><input type="radio"/> Spirometry (Flow Volume Curves)
 (Pre and Post Bronchodilator)</p> <p><input type="radio"/> Diffusing Capacity/Transfer Factor
 with Hb correction</p> <p><input type="radio"/> Static Lung Volumes</p> <p><input type="radio"/> Arterial Blood Gases
 (via Clinpath) Request Form Required</p> <p><input type="radio"/> Hypertonic Saline Challenge Test</p> <p><input type="radio"/> Mannitol Challenge Test</p> | <p><input type="radio"/> Sleep Study
 <input type="checkbox"/> With Consultation <input type="checkbox"/> Without Consultation</p> <p><input type="radio"/> Rhinomanometry</p> <p><input type="radio"/> 6 Minute Walk Test
 (Assess for supplemental oxygen – resp. physician to approve)</p> <p><input type="radio"/> MIPs & MEPs
 (Diaphragm Muscle Strength test - Respiratory SA only)</p> <p><input type="radio"/> High Altitude Simulation Test
 (Respiratory SA only)</p> |
|---|---|

Relevant Medical History—Including Communicable Diseases and Allergies

Doctor's Signature: _____ Date: _____

LOCATION	TEST/CONSULT	DATE	TIME

New Referral Required

YES / NO

PATIENT PRE-TEST INSTRUCTIONS

- > Recommended: No smoking on day of test. Must be at **LEAST 4 HOURS** prior to testing
- > Check the following table and note respiratory medications **NOT** to be taken before each test.
BUT...
- > If you become **SHORT OF BREATH** or **WHEEZY** before your appointment, take your medication and telephone us on 8287 2040 or 8364 4422.

TEST	TIME PRIOR TO TESTING	DO NOT USE
(Standard Lung Function Tests) Spirometry Diffusing Capacity Lung Volumes	6 hours	Ventolin, Bricanyl, Airomir, Asmol, Atrovent
	12 hours	Serevent, Seretide, Oxis, Symbicort, Nuelin SR, Bretaris, Flutiform, Brimica, DuoResp, Fluticasone + Salmeterol Cipla
	24 hours	Spiriva, Onbrez, Seebri, Ultibro, Anoro, Breo, Incruse, Intal, Spiolto, Trelegy
(Challenge Tests) Mannitol Challenge Test and Hypertonic Saline Challenge Test	8 hours	Ventolin, Bricanyl, Airomir, Asmol,
	12 hours	Qvar, Pulmicort, Flixotide, Fluticasone Cipla, Atrovent
	24 hours	Serevent, Seretide, Oxis, Symbicort, Nuelin SR, Bretaris, Flutiform, Brimica, DuoResp, Fluticasone + Salmeterol Cipla
	72 hours	Spiriva, Onbrez, Alvesco, Seebri, Ultibro, Anoro, Breo, Incruse, Intal, Spiolto, Trelegy. All antihistamines including: Telfast, Polaramine, Zadine, Periactin, Phenergen, Benadryl, Claratyne, Claramax, Zyrtec, Avil
6 Minute Walk High Altitude Simulation		No nail polish Please take all medications as normal including respiratory inhalers
Rhinomanometry	24 hours	No medicated nasal sprays

