



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

**Facility:** \_\_\_\_\_

## PULMONARY FUNCTION TEST REQUEST FORM

**Additional patient details:**

Medicare Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Interpreter Required?:  No or  Yes ► Language: \_\_\_\_\_

**Indication for test:** \_\_\_\_\_

Urgent (specify reason): \_\_\_\_\_

**Medical history:**

- |  |   |
|--|---|
| <input type="checkbox"/> COPD                      | <input type="checkbox"/> Cardiac failure                    |
| <input type="checkbox"/> Asthma                    | <input type="checkbox"/> Ischaemic heart disease            |
| <input type="checkbox"/> Interstitial lung disease | <input type="checkbox"/> Neurological or cognitive disorder |
| <input type="checkbox"/> Neuromuscular disease     | <input type="checkbox"/> Weight > 150kg                     |

Other relevant medical history: \_\_\_\_\_

Current inhaled medications: \_\_\_\_\_

**Standard testing**

**Specialised testing**

- |   |  |
|---|--|
| <input type="checkbox"/> Full test "screening" (spirometry, lung volumes, DLCO) | <input type="checkbox"/> Maximum inspiratory/expiratory pressures    |
| <input type="checkbox"/> Spirometry (pre- & post-bronchodilator)                | <input type="checkbox"/> FeNO  |
|   | <input type="checkbox"/> Bronchial provocation (mannitol)            |
|   | <input type="checkbox"/> Supine spirometry – <u>Respiratory only</u> |

**Referring Practitioner details: (Stamp if available)**

Doctor: \_\_\_\_\_

Provider number: \_\_\_\_\_

Address (for results): \_\_\_\_\_

Contact number: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Nepean Respiratory Function Laboratory**

Medical Outpatients, Level 1 C-Block, Nepean Hospital  
Phone: (02) 4734 3784 or (02) 4734 2352 Fax: (02) 4734 2618

Email completed form to: [NBMLHD-RespiratoryFunction@health.nsw.gov.au](mailto:NBMLHD-RespiratoryFunction@health.nsw.gov.au)

**BRING COMPLETED FORM WITH YOU ON THE DAY OF THE TEST**



Holes Punched as per AS2828.1: 2019  
BINDING MARGIN - NO WRITING