

# Lung Function Request

**Frankston Private Hospital**

Suite 7, Level 3, North Building  
5 Susono Way, Frankston VIC 3199  
P (03) 9781 5244 F (03) 9770 5792  
www.PASO.com.au

## APPOINTMENT DETAILS

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_

## PATIENT DETAILS

Name \_\_\_\_\_

D.O.B \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

## REQUESTING DOCTOR DETAILS

Name \_\_\_\_\_

Provider Number \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Copy results to \_\_\_\_\_

Signature \_\_\_\_\_

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

## INVESTIGATIONS

- Spirometry (Pre and Post Bronchodilator)
- Diffusing Capacity (DLCO)
- Bronchial Provocation Test
- MIPS/MEPS - Respiratory Muscle Strength

## CLINICAL NOTES

Clinical question (reason for test) \_\_\_\_\_  
\_\_\_\_\_

History \_\_\_\_\_  
\_\_\_\_\_

Smoker  Yes  No  Ex

Medications \_\_\_\_\_  
\_\_\_\_\_

# Referral Information

**YOUR LUNG FUNCTION TEST IS AT  
PASO MEDICAL**

**Frankston Private Hospital**

Suite 7, Level 3, North Building

5 Susono Way, Frankston VIC 3199

P (03) 9781 5244 F (03) 9770 5792

www.PASO.com.au

**PASO**  **MEDICAL**  
Treatment · Research · Support

## Patient Instructions

**PLEASE BRING THIS REFERRAL WITH YOU TO YOUR TEST**

### BEFORE ALL TESTS

We prefer you not to take any puffers (unless otherwise instructed)

- **NO** Ventolin, Respolin, Asmol, Bricanyl for 6 hours
- **NO** Atrovent, Seretide, Serevent, Symbicort, Oxis, Foradile, Spiriva or antihistamine tablets for 12 hours
- **NO** smoking within 4 hours

### BEFORE BRONCHOPROVOCATIONS TESTS

As above plus;

- **NO** tea, coffee, chocolate or caffeinated drinks to be consumed on the test day
- **NO** oral steroids such as Prednisilone, Prednisone or Dexamethasone for 3 days

**IF YOU ARE MORE BREATHLESS THAN USUAL AFTER STOPPING THE ABOVE MEDICATIONS, PLEASE CONTACT YOUR DOCTOR AND RESUME TAKING THE MEDICATIONS.**

