

Gleeson House, Calvary Lenah Valley 49 Augusta Road, Lenah Valley TAS 7008 Ph: (03) 6278 5456 / Fax: (03) 6278 5233 Email: TAS-LVH-CMG@calvarycare.org.au Healthlink: CHCTLVCS

LUNG FUNCTION REQUEST FORM

Date of Birth:

PATIENT DETAILS

Name: ____

Address: ___

Medicare #: ___

Phone Number: _____

CLINICAL INFORMATION:

TEST REQUESTED:

Basic Spirometry

- Pre and post-bronchodilator

Baseline lung-function assessment

- Pre and post-bronchodilator Spirometry
- Diffusion Capacity of Carbon Monoxide

Airways Assessment

- Pre and post-bronchodilator Spirometry
- Diffusion Capacity of Carbon Monoxide
- Fraction of Exhaled Nitric Oxide (FeNO)

Comprehensive lung-function assessment

- Pre and post-bronchodilator Spirometry
- Diffusion Capacity of Carbon Monoxide
- Body Plethysmography

Bronchoprovocation testing

- Baseline Spirometry*
- Mannitol Bronchoprovocation

* Please note if baseline FEV1 is <50%, respiratory physician review is required prior to testing.

Additional test available on request in addition to above:

Maximal inspiratory and expiratory pressures	FeNO
Referrer Information:	
Requesting Doctor:	Provider Number:
Address:	Signature:
	Request Date:



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TEST DESCRIPTIONS

SPIROMETRY

Measures both maximal inspiratory and expiratory volume. It is typically conducted before and after administrating a bronchodilator (salbutamol).

BODY PLETHYSMOGRAPHY

Measures various volumes of the lungs (e.g. deadspace). Useful in assessing the precise cause of restriction seen during spirometry.

FRACTION OF EXHALED NITRIC OXIDE (FeNO)

Measures the amount of nitric oxide exhaled, which is an indicator of eosinophilic airways inflammation. It can be used to assist both diagnosis and management of eosinophilic asthma.

BRONCHOPROVOCATION TEST

Measures spirometry after exposure to increasing doses of mannitol, which dries the airways. Spirometry is performed after each dose. A decline in FEV1 by 15% is considered a positive test.

DIFFUSION CAPACITY OF CARBON MONOXIDE

Measures how well gas transfers between the lung and the pulmonary vascular system. Used primarily to assess pathologies affecting the lung parenchyma and pulmonary vascular system.

MAXIMAL INSPIRATORY AND EXPIRATORY PRESSURES

Measures the maximal efforts of the respiratory muscles. Typically used to assess for neuromuscular dysfunction.