

RESPIRATORY REFERRAL FORM

Date: _____ Name: _____

DOB: _____ Telephone: _____

Address: _____

Height (cm): _____ Weight (kg): _____

(Place hospital inpatient label above)

**PLEASE DO NOT TAKE BRONCHODILATORS 24 HOURS
PRIOR TO TEST AND REFRAIN FROM SMOKING**

TESTS REQUIRED:

- Spirometry (Pre and Post Bronchodilator)
- Complex Lung Function (Spirometry, Diffusion Capacity, Lung Volumes)
- FeNO (Fraction Exhaled Nitric Oxide)
- Bronchial Provocation Test with Mannitol
- HAST (High Altitude Simulation Test)
- MIPS and MEPS (Maximal Respiratory Pressures)

Clinical Notes: _____

Referring Doctor: _____

Signature: _____

Copies to: _____

Please turn over for medication withholding times

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 **John Flynn
Private Hospital**
Part of Ramsay Health Care

TEST PREPARATION AND INSTRUCTIONS

Test	Medications / Food You Need To Withhold	Time To Withhold Medication
Spirometry Complex Lung Function	Ventolin, Asmol, Bricanyl, Atrovent, Intal, Tilade, Airomir	6 Hours if possible
	Serevent, Seretide, Oxis, Symbicort, Flutiform, Foradile, Bretaris	12 Hours if possible
	Spiriva, Incruse, Seebri, Spiolto, Brimica, Breo, Onbrez, Anoro, Trelegly, Ultibro	24 Hours if possible
Bronchial Provocation Test with Mannitol Note: A spirometry should be performed at least a day prior to a Bronchial Provocation Test	Ventolin, Asmol, Bricanyl, Atrovent, Intal, Tilade, Airomir	8 hours
	Serevent, Seretide, Oxis, Symbicort, Flutiform, Foradile, Bretaris	24 Hours
	Spiriva, Incruse, Seebri, Spiolto, Brimica, Breo, Onbrez, Anoro, Trelegly, Ultibro	72 Hours (3 days)
FeNO	Avoid a meal containing green leafy vegetables (eg spinach, lettuce, beetroot, celery, radish). Avoid Bacon or Salami products	Day of Test

You can eat and drink prior to the test, however please avoid caffeinated food or beverages for 4 hours prior to your lung function test (this includes coffee, tea, coca-cola, energy drinks and chocolate)

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