



Northern Respiratory

2/23 Philip Highway
Elizabeth SA 5112

Phone: (08) 8287 2040

Fax: (08) 8255 5370

Email: reception@nrfu.com.au

www.nrfu.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

Patient Details

Name: _____

Date of Birth: _____ Telephone: _____

Referring Doctor Information

Name: _____ Clinic: _____

Telephone: _____ Fax / Email: _____

Suspecting asthma?	Suspecting COPD or restriction?	6-Minute Walk Test:
Spirometry and either Mannitol Challenge or Hypertonic Saline Challenge. Significant smoking history? -add diffusing capacity-	Spirometry, Diffusing Capacity and Static Lung Volumes. (Diffusing capacity- assess O2 transfer from alveoli to capillaries. Lung Volumes – assess for hyperinflation, gas trapping, restriction.)	Assesses exercise-induced oxygen desaturation in patients with chronic disorders. Titrate supplemental oxygen requirements. No treadmill used. (Respiratory physician to review if necessary based on lung function)

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| <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"/> FeNO / Spirometry (Fractional Exhaled Nitric Oxide)</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 - physician to approve</p> <p><input type="radio"/> MIPs & MEPs (Diaphragm Strength test - Respiratory SA only)</p> <p><input type="radio"/> High Altitude Simulation Test (Respiratory SA only)</p> |
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Relevant Medical History—Including Communicable Diseases and Allergies

Doctor's Signature: _____ Date: _____

BRING THIS FORM AND YOUR MEDICARE CARD WITH YOU

Patient Pre-test Instructions

- Please **DO NOT SMOKE** for at least 4 hours prior to testing.
- Check the following table for respiratory medications not to be taken prior to test – if you cannot see your medications, please contact our clinic on the numbers listed below or visit our websites www.nrfu.com.au or www.respiratorysa.com.au for the most up to date list.

If you become short of breath or wheezy before your appointment, take your medications and contact our clinic.

Northern Respiratory 8287 2040 Respiratory SA 8364 4422

TEST	MEDICATION	DO NOT USE FOR
Spirometry, Diffusing Capacity & Lung Volumes (General lung function)	Ventolin, Bricanyl, Airomir, Asmol, Zempreon	8 hours
	Atrovent (Ipratropium)	12 hours
	Seretide, Symbicort, Flutiform, Duoresp Spiromax, Serevent, Oxis, Fluticasone + Salmeterol Cipla, Nuelin SR, Fostair	24 hours
FeNO / Spirometry (Fractional Exhaled Nitric Oxide)	Spiriva, Spiolto, Onbrez, Seebri, Ultibro, Bretaris, Brimica, Anoro, Breo, Incruse, Trelegy, Trimbow, Braltus, Enerzair, Atecurta	36 hours
FeNO / Spirometry (Fractional Exhaled Nitric Oxide)	Withhold inhalers as above for general lung function No food or drink (water is ok)	1 hour
Mannitol Challenge & Hypertonic Saline Challenge	Ventolin, Bricanyl, Airomir, Asmol, Zempreon	8 hours
	Qvar, Pulmicort, Flixotide, Fluticasone Cipla, Atrovent - (Ipratropium)	12 hours
	Seretide, Symbicort, Flutiform, Duoresp Spiromax, Serevent, Oxis, Fluticasone + Salmeterol Cipla, Nuelin SR, Fostair	36 hours
	Spiriva, Spiolto, Onbrez, Seebri, Ultibro, Bretaris, Brimica, Anoro, Breo, Incruse, Trelegy, Trimbow, Braltus, Enerzair, Atecurta, Alvesco, Arnuity & ALL ANTI-HISTAMINES (Telfast, Zyrtec, Claratyne, Polaramine, Phenergen etc)	72 hours
	Singulair Tablets / Montelukast Tablets	4 days
6 Minute Walk & High Altitude Simulation	Do not wear nail polish. Please take all medications as usual INCLUDING INHALERS	
Rhinomanometry	Nasal decongestion sprays (eg. Demazin, Dimetapp, Otrivin, Spray-Tish, Vicks Sinex)	12 hours

