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*(Office use only)*

Appointment date: \_\_\_\_\_  
Appointment time: \_\_\_\_\_

Priority:  Routine (next available)  ASAP (2-4 weeks)  Urgent (within 1 week)  Other: \_\_\_\_\_

Inpatient Test required (*Inpatient requests must be discussed with and approved by Respiratory Registrar*)

HOSPITAL UR: \_\_\_\_\_ SEX: Male / Female

PATIENT SURNAME: \_\_\_\_\_ GIVEN NAME: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

REQUESTING DOCTOR: \_\_\_\_\_  GP  Specialist  
PROVIDER NUMBER: \_\_\_\_\_  WH Respiratory Clinic  
ADDRESS: \_\_\_\_\_  Other WH Clinic \_\_\_\_\_

COPY RESULTS TO: \_\_\_\_\_

**INVESTIGATIONS REQUESTED:**

- Spirometry (pre/post Ventolin, including flow/volume loops)
- DLCO (gas transfer)
- Plethysmography (Lung Volumes)
- Arterial Blood Gas (air / oxygen L/min): \_\_\_\_\_
- Overnight Oximetry: (air / oxygen L/min) : \_\_\_\_\_
- MIPS / MEPS (respiratory muscle strength)
- Pulse oximetry (air / oxygen L/min) \_\_\_\_\_
- Six minute walk test:  On air only  
 On oxygen only (L/min): \_\_\_\_\_  
 On both air and oxygen (L/min): \_\_\_\_\_

**Respiratory Specialist Referral Only:**

- Home O2 Assessment:
- Hypoxic Altitude Simulation Test (HAST)

**Bronchoprovocation tests:**

- Histamine Challenge
- Mannitol Challenge
- Saline Challenge

*Please refer to standard withholding periods for bronchoprovocation testing overleaf; specify if you wish to vary from this procedure:*

**CLINICAL DETAILS:**

History: \_\_\_\_\_

Smoker:  Yes  No  Ex  Interpreter required: Language: \_\_\_\_\_

Increased infection control: Specify: \_\_\_\_\_  Behavioural / safety precautions: \_\_\_\_\_

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

## PATIENT INSTRUCTIONS

Appointment date: \_\_\_\_\_

Appointment time: \_\_\_\_\_

### **GENERAL INSTRUCTIONS BEFORE ALL TESTS:**

- No smoking for at least *1 hour* prior to test.
- No alcohol within *4 hours* of testing
- You may eat and drink as normal, however do not eat a large meal *within 2 hours* of testing
- No vigorous exercise within 30 min of testing
- Take all medications as usual, except those listed below:

**If possible**, no Ventolin, Respolin, Atrovent, Bricanyl, Asmol, Ipratrin, Airomir, should be taken for *4 hours*.

**If possible**, no Serevent, Seretide, Oxis, Symbicort, Flutiform, Foradile or Bretaris, should be taken for *12 hours*.

**If possible**, no Spiriva, Incruse, Seebri, Spiolto, Brimica, Breo, Onbrez, Anoro or Ultibro should be taken for *24 hours*.

### **BEFORE HISTAMINE, MANNITOL AND SALINE BRONCHOPROVOCATION TESTS ONLY:**

- No tea, coffee, chocolate, or caffeinated drinks or foods should be consumed on the test day.
- No smoking for at least *1 hour* prior to test.
- No alcohol within *4 hours* of testing
- Do not eat a large meal *within 2 hours* of testing
- No vigorous exercise within 30 min of testing
- No medicine such as Ventolin, Respolin, Bricanyl, Asmol, Airomir, for *8 hours*
- No medicine such as Ipratrin, Atrovent, for *12 hours*
- No long acting medicines such as Seretide, Serevent, Foradile, Oxis, Symbicort, Flutiform or Brimica for *24 hours*..
- No inhaled steroids such as Pulmicort, Flixotide, QVAR, Alvesco for *24 hours*
- No oral steroids such as Prednisolone, Prednisone, Dexamethasone, for *3 days*.
- No Spiriva, Incruse, Seebri, Spiolto, Ultibro or Bretaris for *3 days*.
- No antihistamine for *3 days*
- No Singulair for *4 days*

**If you are more breathless than usual after stopping the above medications, please contact your doctor and resume taking the medications.**