

please call RespiratoryWest 9442 3900

All appointments

Dr Eli Gabbay

Dr Miranda Smith Dr Maree Azzopardi Dr Kuan Pin Lim Dr Adrian Hernest

Name:		Birthdate:	
Address:		Telephone:	
Clinical History:			
Clinical Query:			
	If consultation is required, please provide se	parate letter of referral.	
∧ 	Comprehensive Lung Function (lung volumes, spirometry, transfer factor)		
7	Spirometry (pre & post bronchodilator and flow volum	ne loop)	
ú	Spirometry with FeNO (fractional inhaled nitric oxide) (for asthma queries)		
\gtrsim	Bronchial Provocation (Mannitol) (to diagnose asthr	na)	
KEQUES I	High Altitude Simulation		
Y	6 Minute Walk Test (measure oxygen saturation, pre	and post exercise spirometry)	
PATIENT INSTRUCTIONS Spirometry/Lung Function/Bronchial Provocation			

If it is safe to do so DO NOT use puffers or inhalers such as Ventolin (on the day of), Seretide, Symbicort etc for 24 hours prior. Please contact our office if unsure about medications and safety of instructions before test.

Bronchial Provocation in addition:

 TRY NOT TO take antihistamine medications such as Tilade, Claratyne etc during the 3 days before the test. Some cough mixtures may contain antihistmaine (please check with your pharmacist). Continue all other medications.

PLEASE TURN OVER FOR SAFETY CONSIDERATIONS AND CONTRAINDICATIONS

Referring Physician:	Provider No:	
Date:	Phone: Fax: Email:	
Signature:		
Please send copies to:		

Spirometry:

The following conditions are contraindications to spirometry testing. If your patient has any of these please contact us to discuss whether the test is appropriate or whether a safer alternative is available.

Condition:

Acute coronary syndrome (unstable angina, myocardial infarction) (Delay test 1 week) Pulmonary embolism (Delay test 1 week)

Pneumothorax (Delay test 2 weeks)

Haemoptysis of unknown origin (Delay test 1 week)

Nausea, vomiting or diarrhoea (Delay test 1 day)

Preeclampsia (contraindicated)

Current URTI (Delay until asymptomatic)

Aneurysm

- Ascending aorta
- Cerebral

Surgery

- Thoracic or abdominal (Delay test 4 weeks)
- Brain (Delay test 4 weeks)
- Eye (Delay test 4 weeks)



SUBIACO

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Fax referrals to 9382 8946 Email to reception@respiratorywest.com.au