



## RESPIRATORY DEPARTMENT

### PULMONARY FUNCTION TEST REQUEST FORM

**Tel:** 01 645 9853      **Email:** respiratory@hermitageclinic.ie

**Note to patients:** Please arrive at least 10 minutes prior to your scheduled time to facilitate registration and please bring a list of current medications

#### PATIENT DETAILS

<b>Name:</b> _____
<b>Address:</b> _____ _____
<b>Tel:</b> _____
<b>DOB:</b> _____
<b>Male</b> <input type="radio"/> <b>Female</b> <input type="radio"/>

#### REASON FOR THE TEST/CLINICAL QUESTION

_____
_____
_____
_____
_____

#### TEST(S) REQUIRED (please tick)

<b>Spirometry/Flow Volume Loop</b>	<input type="radio"/>
<b>Reversibility (400mcg Salbutamol) <input type="radio"/> or only if needed <input type="radio"/></b>	<input type="radio"/>
<b>Gas transfer (DLCO)</b>	<input type="radio"/>
<b>Lung Volumes</b>	<input type="radio"/>

#### CURRENT MEDICATIONS

_____
_____
_____

**Referring Physician**

**Date**

\_\_\_\_\_

\_\_\_\_\_