



RESPIRATORY / SLEEP REFERRAL

Patient Full name:

DOB:

Mobile:

Address:

Clinical History:

Medicare:

Ref:

Exp:

REQUIRED SERVICES

Full Lung Function Test*

Spirometry - with Bronchodilator*

Mannitol Challenge Test*

Consultation with Dr:

6 Minute Walk Test

Sleep Study and Sleep Review

MIPs / MEPs Test*

*See Reverse for Test Instructions

Current Inhalers or Respiratory medications:

REQUESTING DOCTOR:

Full name:

Provider Number:

Address:

Phone:

Fax:

Signature:

Date:

Bring this form with you on the date of your appointment.

There will be an account payable on the day. We ask that your account payment be settled upon the completion of the testing. We accept Visa, Mastercard, Eftpos, or cash.



PATIENT INFORMATION BEFORE TESTING

IMPORTANT: PLEASE REFRAIN FROM SMOKING FOR 4 HOURS PRIOR TO THE TEST

FULL LUNG FUNCTION / SPIROMETRY / MIPS+MEPS

Salbutamol (Ventolin, Asmol, Airomir, Zempreon), Bricanyl	Avoid 6 hours prior
Atrovent, Flixotide, Fluticasone Cipla, Pulmicort, QVAR, Alvesco, Arnuity	Avoid 12 hours prior
Seretide, Serevent, Symbicort, Oxis, Bretaris, Flutiform+Salmeterol Cipla, Fostair, DuoResp Spiromax, Pavtide, Singulair/Montelukast Tablets	Avoid 24 hours prior
Spiriva, Spiolto, Seebri, Ultibro, Anoro, Incruse, Trelegy, Brimica, Trimbow, Singulair, OnBrez, Breo Ellipta, Bretaris, Ultibro, Breztri	Avoid 36 hours prior

MANNITOL CHALLENGE

Salbutamol (Ventolin, Asmol, Airomir, Zempreon), Bricanyl	Avoid 8 hours prior
Atrovent, Flixotide, Fluticasone Cipla, Pulmicort, QVAR	Avoid 12 hours prior
Alvesco, Arnuity	Avoid 24 hours prior
Seretide, Serevent, Symbicort, Oxis, Bretaris, Flutiform, Fostair, DuoResp Spiromax, Pavtide, Fluticasone+Salmeterol Cipla, Singulair/Montelukast Tablets	Avoid 36 hours prior
Breo, Onbrez	Avoid 2 days prior
Spiriva, Spiolto, Seebri, Ultibro, Anoro, Incruse, Trelegy, Brimica, Trimbow, SingulairDemazin (any version), Polaramine, Zyrtec (cetirizine), Phenergan (Promethazine), Avil (pheniramine), Claratyne (loratadine), Telfast (fexofenadine), other hayfever medications, and Cold & Flu tablets	Avoid 3 days prior

Please avoid the above medications by the listed time frames. If this is not possible, please continue with your medication and consult your healthcare provider. Do not cease any medications other than those listed above.