



Suite 2.03, Level 2, Pindara Specialist Suites - 29 Carrara Street, Benowa, QLD 4217
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Patient Name: _____

Date of Birth: _____

Home Phone: _____ Mobile: _____

Email: _____

Address: _____

Respiratory consultation **Sleep consultation**

Clinical History: _____

LUNG FUNCTION TESTING

Spirometry
 (Before and after bronchodilator)

Complex Lung Function
 (Spirometry, Gas Transfer, Lung Volumes)

Bronchial Provocation (mannitol)

SLEEP SERVICES (MUST complete clinical history)

Diagnostic Sleep Study
*Other studies require Sleep Physician consultation
 (CPAP titration, Bi-level studies, ASV CPAP, MSLT and MWT).*

Pindara Private Hospital
 John Flynn Hospital

Referring Doctor Details (including provider number)

Please stamp/insert details

Signature: _____ Date: _____



PLEASE READ THE FOLLOWING SPECIFIC INSTRUCTIONS TO PREPARE FOR YOUR LUNG FUNCTION TEST

All patients are asked to refrain from the following before their test:

- Smoking (1 hour)
- Performing vigorous exercise (1 hour)
- Consuming alcohol or caffeinated drinks (4 hours)

TEST(S)	TIME TO WITHHOLD MEDICATION (BEFORE)	MEDICATION YOU NEED TO WITHHOLD
Spirometry before and after bronchodilator	4 hours	Asmol, Atrovent, Bricanyl, Ventolin
	12 hours	Foradile, Oxis, Seretide, Serevent, Symbicort
Bronchial Provocation Testing	8 hours	Airomir, Atrovent, Asmol, Bricanyl, Ventolin
	24 hours	Atrovent, Foradile, Oxis, Seretide, Serevent, Symbicort
	72 hours	Claratyne, Telfast, Zyrtec

