

**RESPIRATORY FUNCTION LABORATORY
GEELONG HOSPITAL**

LEVEL 2, KARDINIA HOUSE, BELLERINE STREET
GEELONG 3220

TELEPHONE: (03) **4215 0906** FAX: (03) 4215 0909

DIRECTOR: DR. C. STEINFORT

PATIENT NAME:.....

DOB:..... UR#:.....

ADDRESS:.....

TELEPHONE:.....

CLINICAL DETAILS:

REFERRING DOCTOR:..... DATE:..... PROVIDER No:.....

COPIES TO:

TESTS REQUIRED:

DETAILED LUNG FUNCTION
WITH FLOW VOLUME LOOP,
BRONCHODILATOR RESPONSE AND
DIFFUSION CAPACITY

FLOW VOLUME LOOP WITH
BRONCHODILATOR RESPONSE

DIFFUSION CAPACITY / FLOW VOLUME LOOP

MAXIMUM MOUTH PRESSURES

FRC (NITROGEN WASHOUT)

EXERCISE OXYGEN ASSESSMENT
- STEP TEST

6 MINUTE WALK TEST WITH
OXIMETRY

SKIN PRICK TEST (ALLERGY)

BRONCHIAL PROVOCATION TEST

24 HR OXYGEN MONITORING

PLEASE NOTE:

- **NO INHALERS/PUFFERS** ON DAY OF TEST IF POSSIBLE
- **NO SMOKING** FOR 8 HOURS BEFORE TEST
- **PATIENT WITH RESPIRATORY TRACT INFECTION SHOULD NOT BE TESTED UNTIL INFECTION HAS CLEARED**
- **IF UNABLE TO ATTEND, PLEASE NOTIFY LAB**
- **PREP FOR BRONCHIAL PROVOCATION TEST TO BE CONFIRMED WITH LAB**
- **NO ANTI HISTAMINE MEDICATION FOR 3 DAYS BEFORE SKIN PRICK TEST**

ANY QUESTIONS PLEASE RING LAB

APPOINTMENT DATE & TIME: