

# Pulmonary Function Request Form



Please complete the information on this form and email to CCLREFERRALS@ccf.org or fax to 020 7890 4466  
For referral appointments by telephone please call our dedicated Referrals Line on 0203 423 7777

Patient Details	Referrer Details
Title:	Full name:
Surname:	GMC No.:
First name:	Practice Name:
Sex:	Street address:
Date of birth (DD/MM/YYYY):	Postcode:
NHS No. (if known):	Telephone No.:
Street address:	Email:
Postcode:	Payment Details
Telephone/ Mobile:	<input type="checkbox"/> Private Health Insurance <input type="checkbox"/> Embassy Patient
Email:	<input type="checkbox"/> Self-Pay <input type="checkbox"/> Sponsored

Clinical Information		
<b>Purpose of investigation:</b> <input type="checkbox"/> F/U <input type="checkbox"/> Diagnostic <input type="checkbox"/> Surgical pre-assessment <input type="checkbox"/> Other (Please comment below)		
<b>Does the patient have any allergies:</b>	<b>Is the patient over 150kg?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Priority:</b> <input type="checkbox"/> Routine <input type="checkbox"/> Urgent
<b>Full clinical history and reason for exam/diagnosis:</b> (Please include symptoms, suspected diagnosis and relevant clinical history)		
<b>Further comments (medications, allergies):</b>		
<b>Has the patient had of the following surgeries?</b> <input type="checkbox"/> None <input type="checkbox"/> Brain <input type="checkbox"/> Heart <input type="checkbox"/> Spinal <input type="checkbox"/> Other (Please comment below)		

Pulmonary Function Tests ( Adults 18+)	
<input type="checkbox"/> Spirometry (Includes Slow and Forced) <input type="checkbox"/> Spirometry with Bronchodilator (As above with Pre and Post) <input type="checkbox"/> Spirometry with Bronchodilator If Obstructed (Pre and Post only if Obstructed) <input type="checkbox"/> Spirometry Sitting and Supine (Comparison of Slow and Forced Maneuvers) <input type="checkbox"/> Exhaled Nitric Oxide (FeNO) (Assesses Airway Inflammation) <input type="checkbox"/> Lung Diffusion Capacity (DLCO) (Gas Transfer Factor) <input type="checkbox"/> Static Lung Volumes (Includes RV, TGV, and TLC) <input type="checkbox"/> Maximal Voluntary Ventilation (MVV) (Assesses Ventilatory Capacity and Dysfunction Breathing)	<input type="checkbox"/> Cardiopulmonary Exercise Test (CPET) (Incremental Exercise Ergometry with ECG and Breath by Breath Analysis) <input type="checkbox"/> Oximetry at Rest (Measures SPO2%) <input type="checkbox"/> Oximetry with Ambulation (Measures SPO2% at rest and during a walk test with O2 supplementation if needed) <input type="checkbox"/> Capillary Blood Gas (CBG) (PaO2, PaCO2, HB, Electrolytes, pH, and Lactate) <input type="checkbox"/> Respiratory Muscle Strength Test (MIP and MEP) <input type="checkbox"/> Altitude Simulation (Air Travel) with Oximetry (Simulating In-Flight conditions of 8,000ft with SPO2%) <input type="checkbox"/> Altitude Simulation (Air Travel) with CBG (As above with a CBG) <input type="checkbox"/> Methacholine Bronchial Provocation (Direct Cumulative Bronchial Stimuli)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_