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| SDH Pulmonary Function Test (PFT)  Request Form for **NHS patients only** | Vascular – Salisbury NHS Foundation Trust – My Planned Care NHS |

**Hospital ID:** 123456 **DOB:**

**Name:** John Smith

**Consultant:**

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| **Diagnosis** |  | |
| **Contraindications** | ☒ Yes (please provide details on page 2)  ☐ No | |
| **Clinical Status** | 2WW (<2weeks)  Routine (6-8 weeks)  Other please specify: |  |
| **New or Follow Up** | New (1st Diagnosis) | Follow Up |
| **At PFT apt requires** | CXR | Bloods |
| **To be arranged as** | Outpatient | Inpatient |

**PFTs:**

FeNO

Spirometry (Relaxed and Forced Vital Capacities)

Gas Transfer

Lung Volumes (Body Plethysmography as standard)

Bronchodilator Reversibility (SABA)

Bronchial Challenge Test

**Muscle Function Tests:**

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| SNIP | MIP/MEP |

**P.T.O**

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| **Contraindications** | (Please tick any that apply) | |
| **Absolute:**  Recent thoracic, abdominal or eye surgery (<6 weeks)  Haemoptysis of unknown cause  Unstable cardiovascular status e.g. recent MI (<6 weeks)  Aortic aneurysms (>6cm) or cerebral aneurysm  Pulmonary embolism (<6 weeks)  Pneumothorax  Cerebrovascular accident (< 6 weeks)  Active infections including COVID-19 & TB (<4 weeks)  Glaucoma (IOP > 35mmHg)  **Relative:**  ${Infection such as Influenza/RSV/C.Diff-tickBox) Infection such as Influenza/RSV/C.Diff  Uncontrolled hypertension and angina  Syncope  Please ensure your patient is able to follow instructions | | |
| **Provide any additional details here:** | | |
| **Requesting Doctor (sign):** | | **Date:** |
| **Requesting Doctor (print):** | | **Bleep:** |
| \* Please complete **in full**, including signature & date \*  **PFT Lab, Respiratory Department, SDH**  Ext: 2340 | | |