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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:** ${Hospital ID-integer} **DOB:** ${Date of Birth-date}

**Name:** ${First Name} ${Last name}

**Consultant:** ${Consultant name}

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| **Diagnosis** |  | |
| **Contraindications** | ${Contraindications-radio-Yes} (please provide details on page 2)  ${contraindications-radio-No} | |
| **Clinical Status** | ${Clinical Status-radio-2WW} 2WW (<2weeks)  ${Clinical Status-radio-Routine} Routine (6-8 weeks)  ${Clinical Status-radio-Other} Other please specify: ${Clinical Status Other} | ${clinicalStatus-radio-Urgent} |
| **New or Follow Up** | ${New or Follow Up -radio-New (1st Diagnosis)} New (1st Diagnosis) | ${New or Follow Up – radio-Follow Up} Follow Up |
| **At PFT apt requires** | ${Requires CXR-tickBox} CXR | ${Requires bloods-tickBox} Bloods |
| **To be arranged as** | ${To be arranged as-radio-Outpatient} Outpatient | ${To be arranged as-radio-Inpatient} Inpatient |

**PFTs:**

${FeNO-tickBox} FeNO

${Spirometry-tickBox} Spirometry (Relaxed and Forced Vital Capacities)

${Gas transfer-tickbox} Gas Transfer

${Lung Volumes-tickBox} Lung Volumes (Body Plethysmography as standard)

${Bronchodilator Reversibility} Bronchodilator Reversibility (SABA)

${Bronchial Challenge Test} Bronchial Challenge Test

**Muscle Function Tests:**

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| ${SNIP-tickBox} SNIP  ${Upright/Supine Vital Capacity} | ${MIP/MEP} MIP/MEP |

**P.T.O**

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

${configuration

emailTo-mark.bailey5@nhs.net}