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

**PFTs:** ${title|PFTs}

${FeNO|checkbox} FeNO

${Spirometry|checkbox} Spirometry (Relaxed and Forced Vital Capacities)

${Gas transfer|checkbox} Gas Transfer

${Lung Volumes|checkbox} Lung Volumes (Body Plethysmography as standard)

${Bronchodilator Reversibility|checkbox } Bronchodilator Reversibility (SABA)

${Bronchial Challenge Test|checkbox } Bronchial Challenge Test

**Muscle Function Tests:** ${title|Muscle Function Tests}

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| ${SNIP|checkbox} SNIP  ${Upright/Supine Vital Capacity|checkbox } Upright/Supine Vital Capacity | ${MIP/MEP|checkbox } MIP/MEP  **P.T.O** |

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| **Contraindications** | (Please tick any that apply) | |
| **Absolute:** ${title|Contraindications – absolute}  ${Recent thoracic, abdominal or eye surgery (<6 weeks)|checkbox} Recent thoracic, abdominal or eye surgery (<6 weeks)  ${Haemoptysis of unknown cause|checkbox} Haemoptysis of unknown cause  ${Unstable cardiovascular status e.g. recent MI (<6 weeks)|checkbox} Unstable cardiovascular status e.g. recent MI (<6 weeks)  ${Aortic aneurysms (>6cm) or cerebral aneurysm|checkbox} Aortic aneurysms (>6cm) or cerebral aneurysm  ${Pulmonary embolism (<6 weeks)|checkbox} Pulmonary embolism (<6 weeks)  ${Pneumothorax|checkbox} Pneumothorax  ${Cerebrovascular accident (< 6 weeks)|checkbox} Cerebrovascular accident (< 6 weeks)  ${Active infections including COVID19 & TB (<4 weeks)|checkbox} Active infections including COVID19 & TB (<4 weeks)  ${Glaucoma (IOP > 35mmHg)|checkbox} Glaucoma (IOP > 35mmHg)  **Relative:** ${title|Contraindications – relative}  ${Infection such as Influenza/RSV/C.Diff|checkbox} Infection such as Influenza/RSV/C.Diff  ${Uncontrolled hypertension and angina|checkbox} Uncontrolled hypertension and angina  ${Syncope|checkbox} Syncope  Please ensure your patient is able to follow instructions | | |
| **Provide any additional details here:**  ${line}${Addition details} | | |
| Requesting Doctor (sign): ${signature} | | **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}