

RESPIRATORY LABORATORY REFERRAL FORM

RESPIRATORY SERVICES
PALMERSTON NORTH HOSPITAL



Telephone 350 8009 for appointment
Fax: 350 8647 Fax: 8647 (internal)
Email: respiratory.laboratory@midcentraldhb.govt.nz

Surname _____ Hosp no _____
First names _____ D.O.B. _____
Address _____ Ward/clinic _____

Phone _____
Doctor/Nurse practitioner _____ at _____
Copy to _____ at _____

Previous visit: Yes / No Inpt / Outpt
Infectious risk: Yes / No Specify

Diagnosis

Reason for test

.....

Smoker: Y / N / Ex Pack years

Clinical details and medication:

Specific requirements: Wheelchair Oxygen cylinder
 Interpreter Comprehension concerns
 Other

Signature Date

Pager

LUNG FUNCTION

- Spirometry
 - Pre/Post-salbutamol
 - Pre/Post-ipratropium
- Diffusing Capacity (DLCO)
- Lung Volumes (TLC) via Plethysmography
 - Helium Dilution (TLC) if clinically more appropriate eg Claustrophobia, body weight > 130kg
- Airway resistance (RAW)
- Respiratory Muscle Strength (MIPS/MEPS/SNIP)
- Sitting/supine spirometry
- Exhaled Nitric Oxide (FeNO)
- Skin Prick Test for *Aspergillus Fumigatus*
- 6 Minute Walk Test:
 - One Technician Two Technicians
- Provocation Challenge (*by arrangement with respiratory physician*)
 - Methacholine Mannitol
- Cardio Pulmonary Exercise Evaluation (*by arrangement with respiratory physician*)
- Hypoxic (Altitude) Simulation
- Sputum Induction (*by arrangement with respiratory physician*)