**Community Diagnostic Centre (CDC)**

**Referral for Lung Function Testing – Respiratory Physiology Service**

|  |
| --- |
| * **Referrals must be sent via the e-Referrals System (e-RS). Please attach this form, as well as any other relevant information/documents.**
* **Referrals will not be accepted unless this form is fully completed and attached.**
* **Patients will be discharged back to their GP, if they fail to attend to their appointment.**
 |
| **Do NOT Refer** | * Patients under 18 years old - we are an adult service only.
* Patients who have undergone a laryngectomy and/or with a tracheostomy.
 |
| **Contraindications to Lung Function Testing** **(in the last 6 weeks)** | * Active untreated TB
* Aortic or Cerebral Aneurysm >6 cm
* Untreated pulmonary embolism
* Eye, Brain, Abdominal, Thoracic or Vascular Surgery
* Unstable Angina and/or Recent MI
* Recent Pneumothorax
 |
| **Urgent Referrals** | We will aim to fast-track requests for individuals who are on a 2WW pathway, pregnant or waiting a surgical procedure. |

**Patient Details**

|  |  |
| --- | --- |
| **Patient Name:** |  |
| **Date of Birth:** |  |
| **NHS Number:** |  |

**Registered GP**

|  |  |
| --- | --- |
| **Name of Referring GP:** |  |
| **Date of Referral:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Do you consider this referral to be urgent? (see criteria above)** | **Yes** |[ ]   | **No** |[ ]

|  |
| --- |
| **Brief description of symptoms and main concerns:** |
| Click or tap here to enter text. |

|  |
| --- |
| **Pulmonary Function Testing (please select below as required):** |

|  |  |
| --- | --- |
| [ ]  | Fractional Exhaled Nitric Oxide (FeNO) |
| [ ]  | Spirometry |
| [ ]  | Bronchodilator Response  |

[ ] By ticking this box, you are consenting to either 4 puffs (400 µg) of Salbutamol OR 2.5ml Salbutamol via a nebuliser to be administered to this patient, to assess this patient’s bronchodilator response. **Reversibility test will NOT be performed, if this box is not ticked.**

|  |  |  |
| --- | --- | --- |
| **Is the patient able to attend outpatient appointments?** | **Yes**  |[ ]  **No**  |[ ]
| **Does the patient require hospital transport?** | **Yes** |[ ]  **No**  |[ ]
| **Is the patient ambulant?** | **Yes**  |[ ]  **No**  |[ ]
| **Details**:  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Does the patient require an interpreter?** |  | **Yes**  |[ ]  **No**  |[ ]   |
| **If yes, what language**:  |
|  |  |  |  |  |  |  |
| **Does the patient have any infectious diseases?** |  | **Yes**  |[ ]  **No**  |[ ]   |
| **Details**:  |