|  |  |
| --- | --- |
| Patient Information  Hospital number:       Inpatient:  Yes  No  Title:       Surname:  Forename(s):  Address:        Postcode:  Date of birth:     /     /  Gender:  Male  Female  Contact Tel:  Mobile No.:  Email:  Interpreter required:  Yes  No Language:  Appointment Booked:     /     /      Time: | Payment Details  Payment Method:  Insurance  Embassy  Self-Funding  Payment Provider: |
| **Requested Respiratory Procedure**  Spirometry  Gas Transfer  Static Lung Volumes (Plethysmography)  Bronchodilator response:  Ventolin  Atrovent  End Capillary Blood Gases  Cardiopulmonary Exercise Test (Respiratory)  If other tests required please specify: |
| **Additional Information**  Patient transport:  Walking  Wheelchair  Bed  Infection Risk:  Yes  No Details:    Allergies:  Pregnant:  Yes  No  Oxygen:  Yes  No  Asthma:  Yes  No  Beta Blockers:  Yes  No  Recent syncope:  Yes  No  Diabetic:  Yes  No Controlled by:  Diet  Tablets  Insulin  Recent surgery:  Yes  No  Please specify surgery: | **Relative Contraindications:  Please complete if Spirometry requested**  Haemoptysis of unknown origin:  Yes  No  Recent pneumothorax:  Yes  No  Recent myocardial infarction:  Yes  No  Pulmonary embolism:  Yes  No  Thoracic, abdominal or cerebral aneurysms:  Yes  No  Recent eye surgery; raised intra-ocular pressure:  Yes  No  Recent thoracic or abdominal surgical procedures:  Yes  No  Cervical neck problems:  Yes  No  Any other physical problem:  Yes  No |
| Clinical Indication for Examination  Please summarise relevant history, clinical findings and previous test results.              Please indicate the question that the examination aims to answer: | |
| Referrer name:  GMC:  Address:        Postcode:  Tel:  Email: | **N.B. This form is a legal document – Referrer’s Declaration**  The correct patient details have been provided. I have discussed the examination, including any intervention with the patient / guardian. I have taken into account the possibility of pregnancy. I have given sufficient clinical information for the request to be justified according to IR(ME)R 2000 (if applicable). I will ensure that the examination results are recorded in the patient’s notes. |
| **Signature:**  Date:     /     / |

RB&HH Lung Function Request Form – July-16 | Copyright © 2016

**Important Information**

To help ensure you are appropriately prepared for your test, please discuss any of the following relevant points with your doctor prior to your appointment:

* Have you been advised that there is any special preparation for your test? Have been asked to fast or remain free of caffeine?
* Have you informed your doctor if you have any allergies, kidney problems or that you are taking any medications?
* Have you informed your doctor if you are pregnant?
* Have you informed your doctor if you have had any major surgery or illness recently?
* Please wear loose and comfortable clothing.

Please be advised that if you have not been appropriately prepared, it may result in the cancellation of your test on the day. If you are in doubt about any of the above please contact our Diagnostics Booking Team at your earliest convenience on   
**020 7351 8186** or **diagnosticwimpole@rbht.nhs.uk**

**How to find us**

RB&HH Specialist Care Outpatients and Diagnostics is conveniently located in the Harley Street Medical Area and is easily accessible by public transport. Our entrance is located   
at **77 Wimpole Street.**

**By underground**

It is less than 10 minutes walk from both **Oxford Circus Station,** which is on the Central, Bakerloo and Victoria Lines, and **Bond Street Station** via the Central and Jubilee Lines.

**By bus**

A number of buses serve Oxford Street, which is less than   
10 minutes walk to our location.

**By car**

Paid public car parking (P) is available at Q-Park Oxford Street, Cavendish Square, W1G OPN. You can pre-book your parking through the Q-Park website: **www.q-park.co.uk**

RB&HH Specialist Care Outpatients and Diagnostics is inside London’s Congestion Charge zone. Please note that you are responsible to ensure you make this payment. For further travel options and directions please visit **tfl.gov.uk**