SDH Pulmonary Function Test (PFT)
Request Form for NHS patients only

NHS Salisbury NHS Foundation Trust

Hospital ID: **DOB:**

Name

Consultant

Diagnosis	
Contraindications	☐ Yes (please provide details on page 2) ☐ No
Clinical Status	☐ 2WW (<2 weeks) ☐ Urgent (2-4 weeks) ☐ Routine (6-8 weeks) ☐ Other, please specify:
New or Follow Up	☐ New (1st Diagnostic) ☐ Follow Up
At PFT apt requires	☐ CXR ☐ Bloods
To be arranged as	☐ Outpatient ☐ Inpatient

PFTs:

☐ FeNO

☐ Spirometry (Relaxed and Forced Vital Capacities)

☐ Gas Transfer

☐ Lung Volumes (Body Plethysmography as standard)

☐ Bronchodilator Reversibility (SABA)

☐ Bronchial Challenge Test

Muscle Function Tests:

☐ SNIP ☐ MIP/MEP

☐ Upright/Supine Vital Capacity

P.T.O

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P.T.O

Contraindications (Please tick any that apply)

Absolute:

- □ Recent thoracic, abdominal or eye surgery (<6 weeks)
- □ Haemoptysis of unknown cause
- □ Unstable cardiovascular status e.g. recent MI (<6 weeks)
- □ Aortic aneurysms (>6cm) or cerebral aneurysm
- □ Pulmonary embolism (<6 weeks)
- □ Pneumothorax
- □ Cerebrovascular accident (<6 weeks)
- □ Active infections including COVID-19 & TB (<4 weeks)
- □ Glaucoma (IOP >35mmhg)

Relative:

- □ Infection such as Influenza/RSV/C.Diff
- □ Uncontrolled hypertension and angina
- □ Syncope

Please ensure your patient is able to follow instructions.

Provide any additional details here:

Requesting Doctor (sign): Date:

Requesting Doctor (print): Bleep:

***** Please complete **in full**, including signature & date *****

PFT Lab, Respiratory Department, SDH

EXT: 2340.

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