

## Dudley Respiratory Assessment Service - Lung Function Open Access Request Form

Provisional Diagnosis:  Known Diagnosis:	Patient Name (and Title):  Address:  Postcode:                      Tel No: DOB:    ...../...../.....      Gender: M / F Hospital Number: NHS Number:
Current Treatment:	
Other Comments / Indications for referral:	

Please tick appropriate boxes on requirements:

Respiratory Assessment	Oxygen Therapy Assessment	Sleep Apnoea Assessment
Spirometry (FEV <sub>1</sub> , FVC, PEF) <input style="float: right;" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spirometry and Reversibility (to Salbutamol) <input style="float: right;" type="checkbox"/>	(Refer if you suspect the Oxygen Saturations are less than 93%)	(Indications for this e.g. excessive snoring and daytime sleepiness)
Spirometry, Reversibility and Nurse Assessment (Includes O <sub>2</sub> Pulse Saturation reading) <input style="float: right;" type="checkbox"/>		(NB: Recommend exclude Hypothyroidism before referral)
Chest X-Ray <input style="float: right;" type="checkbox"/>		
Electrocardiogram <input style="float: right;" type="checkbox"/>		

**Return completed form to:** OALF, Lung Function Unit, Russells Hall Hospital, Pensnett Road, Dudley, West Midlands, DY1 2HQ. **Or Fax to:** 01384 244363.

**If you do have any queries or would like further information, contact points are as follows:**

**Phone:** 01384 244383

**Fax:** 01384 244363

**Email:** respiratory@dgoh.nhs.uk

**Print and Sign** name of referring GP and Full Address please:

