

<b>Dudley Respiratory Assessment Service - Lung Function Open Access Request Form</b>	
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:

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

Referring GP and Full Address ( <b>Print, Sign and Date please</b> ):
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