

**Date:** **Please take this completed form to appointment, thank you.**

<b>ADVICE AND SAFETY</b>			
<b>Patients checks prior to Spirometry test</b>			
	<b>Yes</b>	<b>No</b>	
Wear loose fitting clothing?			
No large meals in past 2 hours?			
No vigorous exercise past 30 minutes?			
Bladder empty?			
No smoking for 24 hours?			
Blood Pressure >160/100 today. To be done at appointment			
<b>If appt for reversibility testing , withhold inhalers where possible (not required at other times)</b>			
	<b>Yes</b>	<b>No</b>	<b>N/A</b>
• Relievers for 4-6 hours			
• Twice daily preventers for 18 hours			
• Once daily preventers for 36 hours			

	<b>Yes</b>	<b>No</b>
In the last <b>14 days</b> have you had a positive covid test?		
If positive have you had a negative test since?		

<b>Within past 6 weeks had any of the following. If yes, Spirometry should not to be undertaken</b>		
	<b>Yes</b>	<b>No</b>
Myocardial Infarction		
Abdominal/thoracic/head/neck/eye surgery		
Worsening angina/unstable angina		
Stroke or TIA		
Pulmonary Embolism		
Chest Infection		
Coughing up blood or sputum		

<b>Postpone Spirometry if any of the following present today or past week</b>		
	<b>Yes</b>	<b>No</b>
Any neck or spine problems		
Any nausea or vomiting		
<b>Has patient had any of the following? If yes, do not perform Spirometry without GP/expert advice</b>		
Abdominal or cerebral aneurysms		
Previous pneumothorax		