

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

ADVICE AND SAFETY			
Patients checks prior to Spirometry test			
	Yes	No	
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			
If appt for reversibility testing , withhold inhalers where possible (not required at other times)			
	Yes	No	N/A
• Relievers for 4-6 hours			
• Twice daily preventers for 18 hours			
• Once daily preventers for 36 hours			

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

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

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