George Eliot Hospital NHS Trust

CARDIORESPIRATORY UNIT GEORGE ELIOT HOSPITAL
Request for Community Spirometry

Requested By (Signature And Print Name)	**Name**
NHS number:	**Address:**
DOB:	
Sex Please tick Male☐ Female☐	
Clinical History + Diagnosis	

Priority… Urgent / Routine / Monitoring

To prevent delay of investigations all information in bold must be completed.

	Please tick
Spirometry	
Spirometry and reversibility:	
MDI Drug Salbutamol **Dose 400mcg via MDI + Spacer device** N.B the following must be completed in order to prevent test delay or cancellation of the bronchodilator being administered. **Administration of a bronchodilator response:** **I do/ do not prescribe the administration of** **Salbutamol, dose…….. during the procedure.** **Prescriber:…… Registration:……..** **Sign:…….. Date ……** **Date administered…….. Time……..** **Administered by……** **Dose administered……**	

Infection risk **Please state what the risk is**

Completed referrals to be emailed to: Respiratory.Physiologists@geh.nhs.uk
For any enquiries please phone 02476865128 – Cardio-Respiratory Unit.