

South Ayrshire Spirometry Service Referral Form

Email: aa.Clinical_Bookings at GCH-MHC

Please ensure you have read the supplementary guidance for contraindications for spirometry

PATIENT DETAILS			
CHI:	Forename(s):	Surname:	
Address:			
Contact Telephone Number:			
Is the patient immunocompromised?	Yes : <input type="checkbox"/> No: <input type="checkbox"/>		
Requires Translator:	Yes : <input type="checkbox"/> No: <input type="checkbox"/>		
If Yes Indicate Language			
Smoking or Vaping Status	<input type="checkbox"/> Current cigarette smoker <input type="checkbox"/> Current vaping/e-cigarettes <input type="checkbox"/> Current dual use (cigarettes and vaping/ e-cigarettes) <input type="checkbox"/> Previous smoker (cigarettes, and/or vaping/ e-cigarettes) <input type="checkbox"/> Never smoked		
Indication for Spirometry	<input type="checkbox"/> Clinical diagnosis of COPD with no prior spirometry <input type="checkbox"/> New symptoms suggestive of COPD		
Please Specify Symptoms	<input type="checkbox"/>	Shortness of breath	
	<input type="checkbox"/>	Persistent chesty cough	
	<input type="checkbox"/>	Recurrent chest infections	
	<input type="checkbox"/>	If other symptoms of COPD present, please specify:	
Has the patient had environmental exposure?	Yes : <input type="checkbox"/> No: <input type="checkbox"/> If yes, please specify: Glue factory		
Relevant Medical History or Allergies:			
Any Additional Requirements for the Patient e.g. wheelchair user, cognitive difficulties, etc.			
Referred By:		Date:	
Designation and Speciality:			

Please administer 4 puffs (400 micrograms) Salbutamol 100mcg/puff, by inhalation via metered dose inhaler as a single dose during spirometry testing.

- I request patient be given 400mcg inhaled salbutamol for reversibility testing
- I have advised the patient not to use any prescribed SABA/LABA prior to the test

Print name: