

## RESPIRATORY FUNCTION TESTING PATIENT QUESTIONNAIRE

Please answer the following questions as best you can. If you are uncertain about any answers, please speak to the staff when you do your test.

<b>NAME:</b> _____	<b>Height</b> _____	<b>Weight</b> _____
<b>DATE:</b> _____		
<b>ADDRESS:</b> _____		
<b>PHONE:</b> _____	<b>GENDER: Male / Female</b>	<b>DATE OF BIRTH:</b> _____
<b>MEDICARE NUMBER:</b> _____	<b>REF #:</b> _____	<b>EXPIRY:</b> _____
<b>ETHNICITY (required for lung function predicted values):</b> _____		

### PLEASE READ CAREFULLY AND TICK YOUR RESPONSES:

1. The reason for this breathing test is:		YES	NO
<ul style="list-style-type: none"> <li>• Shortness of breath (SOB)</li> </ul>	At rest		
	On exertion		
	At night		
<ul style="list-style-type: none"> <li>• Cough</li> <li>• Wheeze</li> </ul>			
Other (e.g. Pre-Op assessment, Scuba Diving assessment)- please list:			
2. Have you		YES	NO
Had surgery in the last 6 months? If YES please detail:			
3. Are you:		YES	NO
<ul style="list-style-type: none"> <li>• A current smoker?</li> <li>• An ex-smoker?</li> </ul>			
4. Tick any inhalers/puffers you are currently taking			
Aiomir	Bricanyl	Oxis	Spiolto
Alvesco	Brimica	Pulmicort	Spiriva
Anoro	DuoResp Spiromax	Respocort	Symbicort
Asmol	Flixotide	Respolin	Tilade
Atrovent	Fluticasone	QVAR	Trelegy
Becloforte	Flutiform	Seebri	Ultibro
Becotide	Incruse	Seretide	Ventolin
Breo	Intal	Serevent	Other:
Bretaris	OnBrez	Singulair	
5. RESPIRATORY MEDICATION		YES	NO
If you are taking inhalers/puffers, have you taken your puffers today?			
If yes, please record time and dose:			
6. Have you been told by a Dr or Specialist that you have COPD or Asthma?		YES	NO
7. Research at Macquarie Respiratory and Sleep		YES	NO
Do you consent to your anonymous results being used for future research?			
Are you interested in taking part in any future respiratory clinical trials at MR&S?			
IF YOU ANSWERED <u>YES</u> TO QUESTION 7 ~ PLEASE SIGN HERE: _____			

### I AM FULLY AWARE OF ANY FEES/CHARGES FOR TESTS PERFORMED

**SIGNED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_