

## MANNITOL PATIENT QUESTIONNAIRE & CONSENT FORM

Height \_\_\_\_\_ Weight \_\_\_\_\_

NAME: _____	DATE OF BIRTH: _____
Address: _____	PHONE: _____
MEDICARE NUMBER: _____	REF #: _____ EXPIRY: _____

**PLEASE READ CAREFULLY AND TICK YOUR RESPONSES:**

1. Please tick if any of the following apply to you:	YES	NO						
Have you had a heart attack or stroke in the last 3 months?								
Do you have an aortic aneurysm?								
Are you, or could you be, pregnant?								
Have you had a cold/flu in the last 1 month?								
2. Are you:	YES	NO						
A current smoker?								
An ex-smoker?								
3. Tick any inhalers/puffers you are currently taking?								
Airomir		Bretaris		Oxis		Serevent		
Anoro		Bricanyl		Pulmicort		Singulair		
Alvesco		Flixotide		Respocort		Spiriva		
Atrovent		Foradile		Respolin		Symbicort		
Becloforte		Incruse		QVAR		Tilade		
Becotide		Intal		Seebri		Ultibro		
Breo		OnBrez		Seretide		Ventolin/Asmol		
4. RESPIRATORY MEDICATION							YES	NO
• If you are taking inhalers/puffers, have you taken your puffers today?								
• If yes, please record time and dose:								
• Have you taken any anti-histamines in the past 48 hours?								
5. 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 5 ~ PLEASE SIGN HERE: _____								

**PROCEDURE:**

The purpose of the Mannitol challenge test is to determine if you have hyper-responsive airways. You will be asked to inhale increasing doses of Aridol using a special inhaler. Before the test begins, and following each inhalation, you will be asked to blow forcefully into a spirometer to measure the effect of Mannitol on your lungs.

**DISCOMFORT & RISKS:**

The Mannitol test may be associated with mild shortness of breath, cough, chest tightness, wheezing, chest soreness, dizziness or headache. Many subjects do not have any symptoms at all. These symptoms (if they occur) are mild, last for only a few minutes, and disappear following the inhalation of a bronchodilator medication (venotflin).

*I have read the above information and understand the purpose of the test and the associated risks. With this knowledge I agree to having this test performed. I AM FULLY AWARE OF ANY FEES/CHARGES FOR TESTS PERFORMED.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / Witness: \_\_\_\_\_ Date: \_\_\_\_\_  
 Staff use only. FEV1 (PD15) \_\_\_\_\_ Version 1\_ July 2013