

# Spirometry Contraindications Questionnaire



| SECTION 1: Personal Details        |                        |
|------------------------------------|------------------------|
| First Name:                        | Last Name:             |
| Date of Birth: (mm/dd/yyyy)<br>/ / | Gender:<br>Male Female |

What does the procedure involve?

Spirometry is a breathing test that measures the volume of air that we can breath in and out. The graphs and information provide information on how well the lungs work. The measurements for spirometry are valuable for a screening tool for respiratory health however spirometry alone cannot lead to a diagnosis.

The test involves having a nose clip to block the airflow from the nose whilst breathing through the mouth on a mouthpiece. You will be instructed to breath normally to begin with, then to take a deep breath to fill the lungs, then blast it out hard and fast to empty all the air out of the lungs. A maximum of eight blows can be performed to obtain three acceptable results. You may also be given a bronchodilator such as Ventolin to measure the effects on your lungs and help determine any limitation of airflow in your airways. If you have any questions, please don't hesitate to ask one of our friendly staff.

What are the risks associated with the procedure?

Spirometry is generally safe and non-invasive. However, it does require a maximal effort, co-operational and some co-ordination. It is not unusual for spirometry to result in:

- Transient breathlessness
- Oxygen Desaturation
- Sensation of fainting
- Chest Pain
- Cough
- Induced Bronchospasm in patients with poorly controlled asthma

Please read the questions on the following page and answer to the best of your ability. Should you have any questions regarding any of the contraindications, please clarify with the technician prior to your spirometry test.

## SECTION 2: Technician to complete prior to performing spirometry

### Assessment Questions

|   |   |
|---|---|
| Do you have any blood pressure issues?  | YES    BP reading    /    (retest if >140/90)<br>NO |
| Do you have any issues with your heart?<br>(This can include issues with heart rate, arrhythmias, heart attack or any other heart issues.)  | YES<br>Give details _____<br>NO                     |
| Have you recently had concussion or a head injury?  | YES<br>Give details _____<br>NO                     |
| Have you ever fainted when performing spirometry, or when you have had a coughing fit?  | YES<br>Give details _____<br>NO                     |
| Have you had any recent surgeries?<br>(This can include surgery to abdomen, chest, eye, ear, or sinus surgery)                              | YES<br>Give details _____<br>NO                     |
| Have you had a collapsed lung?  | YES<br>Give details _____<br>NO                     |
| Have you had a hospital admission for any other reason in the last 6 weeks?   | YES<br>Give details _____<br>NO                     |
| Have you ever coughed up blood?   | YES<br>Give details _____<br>NO                     |
| Are you currently pregnant?<br>(Late term pregnancy can sometimes cause reduced lung volumes due to the baby pushing the diaphragm upwards) | YES<br>_____ Weeks<br>NO                            |
| Do you currently have a respiratory infection?  | YES<br>Give details _____<br>NO                     |
| Name of assessing technician:   | Date of Spirometry Test: (mm/dd/yyyy)<br>/    /     |

### SECTION 3: Consent to procedure

I have read this information sheet and had a chance to answer questions. I understand the test which will be performed and understand the associated risks.

I consent to participate in this procedure (or is guardian I provide consent for the procedure to be performed on the person named below.

I understand that the signing of this form is voluntary, and I am free to deny consent if I desire.

|   |     |
|---|-----|
| Name  |     |
| Signature                                     |     |
| Date of Spirometry Assessment<br>(mm/dd/yyyy) | / / |
| Company Logo                                  |     |