



# Pulmonary & Sleep Investigation Request Form

Wesley Pulmonary and Sleep Services

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Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Daytime phone number/mobile \_\_\_\_\_

## Request for Testing (please tick appropriate boxes)

### Pulmonary Investigation

- ☐ Spirometry
- ☐ Complex Pulmonary Function  
Spirometry/Lung Volumes/Gas Transfer
- ☐ Airway Resistance (ROCC)
- ☐ Fe NO
- ☐ Bronchial Provocation
- ☐ Respiratory Muscle Strength  
(MIPS/MEPS)
- ☐ High Altitude Simulation Test
- ☐ Six Minute Walk Test
- ☐ Skin Prick Allergy Testing

### Sleep Investigation

- ☐ Ambulatory Diagnostic Sleep Study  
(Home Based/Portable)
- ☐ Sleep Physician Consultation

### Sleep Symptoms

- ☐ Snoring
- ☐ Witnessed Apneas/Nocturnal Gasping/Choking
- ☐ Daytime Sleepiness
- ☐ Other

## Medical Conditions/Clinical History

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## Referring Doctor Details

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_

Provider Number \_\_\_\_\_