

NSW Infant & Child Lung Function Centre

John Hunter Children's Hospital

Director: Prof Joerg Mattes

Chief Respiratory Scientist: Lauren Platt

Referral Fax: 4922 3904

Appointments: 4921 3750 (Option-5)

Name: _____ **MRN:** _____
Address/Ward: _____ **DOB:** / /
Phone: _____ **Ht (cm):** _____ **Wt (kg):** _____ **Gender:** Male Female
Potential risk of cross infection airborne / other? _____

Lung Function Tests:

1. **Spirometry** (flow volume) **Pre & Post Bronchodilator**
2. **Lung volumes** (Plethysmography) (7 yrs+)
3. **Diffusion study** (D_LCO) (8 yrs+)
4. **Oscillometry** (Preschool age lung function with bronchodilator response Age 3 yrs+)
5. **Bronchial challenge**
 Mannitol (Aridol) (7 yrs+)
 Hypertonic Saline Tolerability (for airway clearance) 3% 6%
6. **Skin prick test** (no antihistamines for 4 DAYS)
- **must complete and attach skin prick test form to identify reagents**
7. **Altitude Simulation**
8. **Fractional Exhaled Nitric Oxide** (FeNO) **Nasal Nitric Oxide** (NNO)
9. **Nitrogen washout/Lung Clearance Index** (MBW)
10. **Infant lung function** (6-8 weeks of age)
11. **Cardiopulmonary Exercise Test** (cycle ergometer) (7 yrs +/ > 125cm tall)

Clinical History / Diagnosis: _____

Known allergies: _____

Medications: _____

Referring MO: _____

Address: _____

Phone: _____ **Fax:** _____ **Date:** _____

Provider #: _____ **Signature:** _____