SPIROMETRY

Completed by Certified Spirometry Technician Prior to Testing and Attached to the Spirometry Record.

Yes  No  1. In the past 6 weeks have you had a chest injury or surgery involving the eye, ear, chest, abdomen or been hospitalized for a heart attack?

1a. If yes, do not test at this time. Reschedule spirometry test for 6 weeks.

Yes  No  2. Are you under a clinician’s care for high blood pressure?

2a. If blood pressure is elevated above 140/90, obtain clinician’s clearance before proceeding.

Yes  No  3. Do you smoke?

Yes  No  4. Within the last hour have you smoked tobacco?

Yes  No  5. Within the last hour have you eaten a full meal?

5a. If Yes to either smoking or eating, if possible wait one hour before testing, otherwise make notation to clinician and proceed.

Yes  No  6. Have you had a respiratory infection (such as flu, pneumonia, bronchitis, or a chest cold) in the last 3 weeks?

6a. If yes, continue with spirometry testing now and schedule to retest in 6 weeks if the spirometry is abnormal.

Yes  No  7. Have you used an inhaled bronchodilator (Primatine Mist, Ventolin, etc) in the last 6 hours?

7a. If yes, continue with test, document in note to clinician.

Yes  No  8. Have you had more than 2 cups of caffeinated coffee, tea, or cola (total) in the last 6 hours?

8a. If possible, wait one hour before testing, otherwise make notation to clinician and proceed.

Yes  No  9. Are you wearing any tight or restrictive clothing?

Yes  No  10. Are you wearing dentures?

Today’s Measurements

Height:_______ Inches (measured by tape)  Weight:_______ Pounds (measured by scale)
(If measurement falls exactly on the half inch, or half pound, round odd numbers round down and even up).

Name:

SID: