**What does the procedure involve?**

**PATIENT INFORMATION AND CONSENT FORM - TEMPLATE**

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 respiartoory health howeverspirometry alone cannot lead to a diagnosis.

The test invovles having a noseclip 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 braeth to fill the lungs, then blast it out hard and fast to empty all the air ouf 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 hesiate 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-operationa nd some co-ordination. It is not unusal for spirometry to result in

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

**Contraindications (Please tick if any of the following apply)**

⃝ Heart attack in the last week

⃝ High or low blood pressure

⃝ Any other heart issues (please discuss with a staff member

⃝ Pulmonary Embolism

⃝ Aneursyms

⃝ Brain/Chest/ Abdominal Surgery (last 4 weeks)

⃝ Recent concussion with contunuing symptoms

⃝ Eye surgery (in last week)

⃝ Sinus or middle ear issues

⃝ Late term pregnancy

⃝ Pneumothorax

⃝ Acive or transmissible respiratory disease

⃝ Coughing up Blood

**What Will Happen After the Procedure?**

Upon completion of the spirometry the results will be sent to your referring doctor, and any other specified doctor.

**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** |  |
| **Date** |  |
| **Signature** |  |

**Technicians Confirmation**

The procedure and the risks involved have been explained to the patient. The patient has been given the opportunity to ask questions and has confirmed their understanding of the procedure and the risks involved.

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |
| **Signature** |  |

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