

SPIROMETRY PRESCREENING QUESTIONS

Patient Name: _____

Social Security # _____

Date: _____

- | | | | |
|-----|----|----|---|
| YES | NO | 1. | In the last 6 weeks have you had a chest injury or surgery involving the eye, ear chest, abdomen or been hospitalized for a heart attack?
If Yes:
1a. Do not test at this time. Reschedule spirometry test for 6 weeks. |
| YES | NO | 2. | Are you under a physician's care for high blood pressure?
Blood Pressure _____
If Yes:
2a. If blood pressure exceeds action level, obtain physician clearance before proceeding. |
| YES | NO | 3. | Within the last hour have you smoked tobacco? |
| YES | NO | 4. | Within the last hour have you eaten a full meal?
If Yes:
4a. If Yes to either smoking or eating, if possible wait one hour before testing, otherwise make notation to overreader and proceed. |
| YES | NO | 5. | Have you had a respiratory infection (chest cold, flu, bronchitis or pneumonia) in the last 3 weeks?
If Yes:
5a. Continue with spirometry testing and make notation to overreader. |
| YES | NO | 6. | Have you used an inhaled bronchodilator (Primatene Mist, Ventolin) in the last 6 hours? |
| YES | NO | 7. | Have you had more than 2 cups of caffeinated coffee, tea or cola (total) in the Last 6 hours?
If Yes:
7a. If possible wait one hour before testing, otherwise make notation to overreader and proceed. |
| YES | NO | 8. | Are you wearing any tight or restrictive clothing? |
| YES | NO | 9. | Are you wearing dentures? |
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Today's Measurements

Height: _____ (inches) Weight: _____ (Pounds, measured by scale)

Certified Spirometry Technician's initials or ID #: _____