

All referrals faxed to 02 8076 3430 or
Email to info@somahealth.com.au

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Patient Details:

Surname: _____ First Name: _____

D.O.B: / / Gender: M [] F []

Address: _____ Phone: _____

_____ Mobile: _____

DVA

Clinical History:

Investigation Required *(Please Indicate)*

- | | |
|---|---|
| <input type="checkbox"/> Consultation | <input type="checkbox"/> COPD |
| <input type="checkbox"/> Sleep Apnoea Investigation | <input type="checkbox"/> Asthma* |
| <input type="checkbox"/> Pulmonary Function Test | <input type="checkbox"/> Allergy Testing* |

**Asthma/Allergy testing, refer to back page.*

Referring Doctor Details *(Please Include Provider Number)*

Please stamp/insert details:

Signature: _____

Date: _____

Thankyou for your referral.

Please tick here to request more referral forms

Patient Medication Withholding Chart – Asthma Test

The following medication should be withheld prior to taking Aridol™ (mannitol)¹ for an Asthma test.

Withholding Time	Medication
6 – 8 hours	Inhaled Nonsteroidal Anti-Inflammatory Agents: e.g. sodium cromoglycate (Intal [®]); nedocromil sodium (Tilade [®])
8 hours	Short-Acting Beta 2 Agonists e.g. salbutamol (Ventolin [®]); terbutaline sulfate (Bricanyl [®])
12 hours	Inhaled Corticosteroids e.g. beclomethasone dipropionate (Qvar [®]); budesonide (Pulmicort [®]) uticasone propionate (Flixotide [®]) Anticholinergic Bronchodilators e.g. ipratropium bromide (Atrovent [®])
24 hours	Inhaled Corticosteroids and Long-Acting Beta 2 Agonist Combination Products e.g. uticasone and salmeterol (Seretide [®]); budesonide and eformoterol (Symbicort [®])
	Long-Acting Beta 2 Agonists e.g. salmeterol xinafoate (Serevent [®]); eformoterol fumarate (Foradile [®] or Oxis [®])
	Phosphodiesterase Inhibitors / Adenosine Receptors e.g. theophylline (Nuelin [®])
72 hours	Long Acting Anticholinergics e.g. tiotropium bromide (Spiriva [®])
	Antihistamines: Over-the-Counter & Prescription e.g. brompheniramine maleate (Dimetapp [®]); diphenhydramine (Benadryl [®]); loratadine (Claratyne [®]); cetirizine (Zyrtec [®]); fexofenadine (Telfast [®]); levocetirizine dihydrochloride (Xyzal [®])
4 days	Leukotriene-Receptor Antagonists e.g. montelukast sodium (Singulair [®])

Patient Medication Withholding Chart – Allergy Test

48 hours	Short-acting antihistamines e.g. chlorpheniramine (Piraton [®]); hydroxyzine (Ucerax [®]); acrivastine (Benadryl [®])
5 days	Long-acting Antihistamines e.g. loratadine (Claratyne [®]); desloratadine (Neoclarytin [®]); cetirizine (Zyrtec [®]); levocetirizine (Xyzal [®]); fexofenadine (Telfast [®])

Foods: Ingestion of significant quantities of coffee, tea, cola drinks, chocolate or other food containing caffeine may affect test results. These substances should be withheld on the day of the test (prior to testing).¹

Exercise: Vigorous exercise should not be performed prior to testing on the day of the test.¹

Smoking: Patients should refrain from smoking for at least 6 hours prior to testing.¹

The information contained in this sheet is not designed to replace the advice of your doctor/healthcare professional. Please consult your healthcare professional.

The drug names provided are illustrative and may not include all drugs within a category. Please discuss with your healthcare professional.

Withholding periods are a recommendation¹ and may be varied at the clinician's discretion.

Ref: 1 Aridol (mannitol powder for inhalation) TGA approved Product Information 26 June 2014.



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