

**PULMONARY PHYSIOLOGY UNIT  
DEPARTMENT OF RESPIRATORY MEDICINE  
QUEEN ELIZABETH HOSPITAL  
KOTA KINABALU**

**APPOINTMENT:  
KLINIK PAKAR PARU-PARU  
TEL.: 088 517420 (DL) / EXT 7316**

\*The form can be downloaded from [www.jknsabah.gov.my/hospital/hqe/respiratori/protoguide.htm](http://www.jknsabah.gov.my/hospital/hqe/respiratori/protoguide.htm)

<p><b>Name:</b>.....</p> <p><b>Sex:</b> Male / Female <b>I/C:</b>.....</p> <p><b>Race:</b>..... <b>DOB:</b>.....</p> <p><b>Age:</b>..... <b>Weight(kg):</b>..... <b>Height(m):</b>.....</p> <p><b>BMI:</b>.....</p> <p><b>Ward/Clinic:</b>.....</p> <p><b>Current smoker:</b>    <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b></p> <p><b>Ex-Smoker:</b>        <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b></p> <p><b>Asthma:</b>            <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b></p> <p><b>COPD:</b>             <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b></p> <p><b>Lung Fibrosis:</b>    <input type="checkbox"/> <b>Yes</b>    <input type="checkbox"/> <b>No</b></p> <p><b>Occupational History:</b> .....</p>	<p><b>Appointment:</b></p> <p><b>Date:</b>.....</p> <p><b>Time:</b>.....</p> <p><b>Patient's Tel No.:</b></p> <p>.....</p>	
<p><b>Clinical Data:</b></p>	<p><b>Test:</b>.....</p> <p><b>Requested by:</b></p> <p>.....</p> <p><b>Date:</b> .....</p>	
<b>TEST</b>	<b>ABBREVIATION</b>	<b>BRIEF DESCRIPTION</b>
Spirometry	(VFT)	FEV1/FVC with or without bronchodilator
*General Respiratory Function Testing	(GRFT)	Lung volumes, max expiratory flow rate, distribution of ventilation and transfer factor
Maximum Inspiratory / Expiratory Flow-Volume Curves	(MI / EFV)	To look for extra/intrathoracic upper airways obstruction
*Simulated Altitude Testing	(ALT)	To assess air travel fitness in patients with severe respiratory disease
Bronchial Provocation Test	(BPT)	With methacholine
*Exercise Testing	(Exercise)	Changes in ventilation & gas exchange with progressively increasing workload
*Exercise Testing	(Exercise)	To detect exercise-induced bronchospasm

\*Please discuss with a respiratory physician before ordering these tests.