

# Spirometry Indications Checklist

**Jones  
Medical  
Instrument  
Company**



**A “yes” answer** to any of the questions below may indicate the patient is a candidate for a spirometry test.

	YES	NO		YES	NO
• Smoker over age 40	<input type="checkbox"/>	<input type="checkbox"/>	• Wheezing	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	• Exposure to environmental air pollution	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath during exercise	<input type="checkbox"/>	<input type="checkbox"/>	• Assessment of patients receiving respiratory medication (i.e., bronchodilators, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
• Chronic cough	<input type="checkbox"/>	<input type="checkbox"/>	• Pre-operative risk assessment	<input type="checkbox"/>	<input type="checkbox"/>
• Frequent colds	<input type="checkbox"/>	<input type="checkbox"/>	• Assessment of health status prior to beginning strenuous physical activity programs	<input type="checkbox"/>	<input type="checkbox"/>
• Allergic Rhinitis	<input type="checkbox"/>	<input type="checkbox"/>	• Disability Impairment evaluations	<input type="checkbox"/>	<input type="checkbox"/>
• Known or Possible Asthma	<input type="checkbox"/>	<input type="checkbox"/>	• Risk assessment as part of an insurance evaluation	<input type="checkbox"/>	<input type="checkbox"/>
• Known or Possible Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>			
• Known or Possible COPD	<input type="checkbox"/>	<input type="checkbox"/>			

## Contraindications for Spirometry

- Extreme shortness of breath
- Extreme cough
- Chest or abdominal pain of any cause
- Oral or facial pain exacerbated by a mouthpiece
- Stress incontinence
- Dementia or confused state

### Notes:

Assessment Completed By \_\_\_\_\_ Date \_\_\_\_\_



SPIROMETRY STARTS HERE®

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