

Spirometry Indications Checklist

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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 (w/symptoms)	<input type="checkbox"/>	<input type="checkbox"/>	• Known or Possible Asthma	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	• Known or Possible Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
• Shortness of breath during exercise	<input type="checkbox"/>	<input type="checkbox"/>	• Known or Possible COPD	<input type="checkbox"/>	<input type="checkbox"/>
• Chronic cough (> 8 weeks)	<input type="checkbox"/>	<input type="checkbox"/>	• Wheezing	<input type="checkbox"/>	<input type="checkbox"/>
• Frequent colds	<input type="checkbox"/>	<input type="checkbox"/>	• Exposure to environmental air pollution	<input type="checkbox"/>	<input type="checkbox"/>
• Allergic Rhinitis	<input type="checkbox"/>	<input type="checkbox"/>			

Other applications for Spirometry include:

- Assessment of patients receiving respiratory medication (i.e., bronchodilators, etc.)
- Pre-operative risk assessment
- Assessment of health status prior to beginning strenuous physical activity programs
- Social Security–Disability evaluations
- Risk assessment as part of an insurance evaluation
- As part of DOT physical exam
- Occupational Health Screening (NIOSH)

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 _____

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SPIROMETRY STARTS HERE®

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