Pulmonary (Lung) Function Tests

Overview:

Pulmonary function tests evaluate how much air your lungs can hold, how quickly you can move air in and out of your lungs, and how well your lungs add oxygen to the blood and remove carbon dioxide from the blood. The tests can help diagnose lung diseases and measure the severity of lung problems that prevent you from breathing normally.

The more common lung function values that may be measured include:
1. Tidal volume (VT). This uses a spirometer to measure amount of air inhaled during a normal breath.
2. Vital capacity (VC). This uses a spirometer to measure maximum amount of air you can exhale after you inhale as deeply as possible.
3. Forced expiratory volume (FEV). This uses a spirometer to measure the amount of air you can exhale forcefully in a sustained breath. The amount of air you exhale may be measured at 1 second (FEV1), 2 seconds (FEV2) or 3 seconds (FEV3). Total amount of air you exhale during this test is called the forced vital capacity (FVC).

Pulmonary function tests are done to:
1. help determine cause of breathing problems.
2. measure amount of lung function in a person who has a lung disease and monitor the effectiveness of treatment.
3. identify people at high risk of developing lung disease, especially smokers.
4. evaluate a person’s ability to breathe before surgery.
5. monitor the lung function of a person who is regularly exposed to substances that can damage the lungs.

Pulmonary function tests are usually part of an APS for a person with any pulmonary disease. Also, they may be requested as an underwriting requirement.
Pulmonary Function Questionnaire

Agent:________________________Phone:___________________Fax:__________________

Proposed Insured:___________________M_F_ DOB:__________________

Face Amount:___________________Plan:_____________________________

Do you currently smoke cigarettes?  Yes_____ No_____

If no, did you ever smoke:  Never_____ Quit(date)________
Do you use other tobacco products:  Yes____No____ if yes, specify___________
Date last used any tobacco product_____________Type used_____________

Type of lung disease diagnosed:

_____Asthma
_____Bronchitis
_____Chronic Obstructive Pulmonary Disease (COPD)
_____Emphysema

Date of Diagnosis:_______________

Has pulmonary function testing been done:  Yes_____No_____
If yes, provide most recent date:____________________
Type of test done:
_____Timed Vital Capacity (TVC)
_____Forced Expiratory Volume (TVC)
_____Other (explain)

Results:_______________________________________________________________

Insured’s build:   Height_____________Weight_________________

Has chest x-ray been done:_____yes    _____no

If yes, date:_______________Findings:_____________________________________

Are there any other medical conditions. If yes, describe below:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________