

**Chinook Lung Function Clinic
204 542 7 Street South
Lethbridge AB T1J 2H1
403-327-7675**

Title: Methacholine Consent

Procedure: The purpose of a methacholine challenge is to determine the amount of airway irritability of a patient. You will be asked to inhale a mist that contains different concentrations of methacholine. Before the test begins, and after each mist inhalation, you will be asked to blow forcefully into a spirometer.

Discomforts and Risks: This test does not cause an asthma attack but the inhalation of aerosols may be associated with mild shortness of breath, cough, chest tightness, wheezing, chest soreness, or headache. Many patients do not have any symptoms at all. These symptoms (if they occur) are mild, last only for a few minutes and disappear following the inhalation of a bronchodilator medication. There is a very small possibility of severe narrowing of your airways which could cause severe shortness of breath. If this occurs, you will be immediately treated.

By signing this form, I, _____ acknowledge that I have read the above information and understand the purpose of the test and the associated risks. With this knowledge I agree to having this test performed on me.

Patient Printed Name

Patient Signature

Date

Witness Printed Name

Witness Signature

Date