



PULMONARY FUNCTION REQUISITION

Telephone: 905-883-2004 ext. 1 Fax: 905-883-0772

Patient Name: (print last, first)	
Address:# Street:	Apt:
City/Town Province:	Postal Code:
Home: ()	Work/Other: ()
If Voicemail is NOT to be left check here <input type="checkbox"/>	Date of Birth: yyyy/mm/dd
Health Card Number:	Version code:
Patient's Occupation:	Copy To:

History

- Current Smoker _____ pack/day for _____ years
 Ex-Smoker _____ stopped smoking _____ year ago

Does patient have a history of:

- Asthma Yes No Bronchitis Yes No
 Emphysema Yes No Pneumonia Yes No

Other Pulmonary Diagnostic Tests:

Does the patient have a history of cardiac disease? Yes No

Medication Allergy Yes No

Present Diagnosis _____

Patient's Current Medications

- Bronchodilators Yes No _____
 Steroids Yes No _____
 Antibiotics Yes No _____
 Beta Blockers Yes No _____
 Other _____

Please check where appropriate

PULMONARY FUNCTION STUDY

Including Lung Volumes, Diffusion
and Bronchodilator Response

SPIROMETRY

- With Bronchodilator Response

METHACHOLINE CHALLENGE TEST

Patient must have full PFT prior with results faxed.

ARTERIAL BLOOD GAS

- On room air
- On oxygen

HOME OXYGEN ASSESSMENT

- Independent Exercise Assessment (IEA)
- Walk Oximetry
- ABG on Room Air if Exercise SaO₂ < 88%
- 6 minute walk testing
- Stable ECG required prior to test

Only ordered by Respirologist

- CARDIO-PULMONARY EXERCISE TEST
- SHUNT STUDY
- HYPOXIA ALTITUDE SIMULATION TEST

I have given instructions to the patient regarding the discontinuation of medication before their test (See Reverse for Instructions).

Physician Name: _____

Signature _____

Date (yyyy/mm/dd) _____

Respirologist

IMPORTANT INFORMATION FOR PULMONARY FUNCTION PATIENTS

- The Patient Access Department will be contacting you 24 hours before your appointment date to register.
- On the day of your appointment, please head directly to the Pulmonary Function area. Pulmonary Function is located in the B wing, Room 2910 across from Tim Horton's.
- If you are not contacted by the Patient Access Department before your appointment, please proceed to Patient Registration - POD C, located on the Main Level, C Wing.
- Please arrive 20 minutes before your appointment.
- Please bring Health Card, this requisition and any other pertaining documents.
- Please see reverse for more test specific details.



APPENDIX A

IMPORTANT INFORMATION FOR PULMONARY FUNCTION PATIENTS

Several medications will interfere with the results of this test; therefore the **MRP (Most Responsible Physician)** should advise that the following be **discontinued** for the period of time indicated below.

- Prednisone or inhaler steroids can be continued.
- Please bring **ALL** medication with you on the day of your test, including over-the-counter medication.
- Please refrain from tea, coffee, cola drinks, chocolate and tobacco on the day of your test.

Spirometry and PFTs

4 hours Prior Test:

- Salbutamol (Ventolin / Salvent / Airomir / Combivent)
- Atrovent

12 hours Prior to Test

- Salmeterol (Serevent / Advair)
- Formoterol (Oxeze / Symbicort / Foradil)
- Indacaterol (Onbrez)
- Tiotropium (Spiriva)
- Glycopyrronium (Seebri)

Methacholine Challenge Test

8 hours Prior to Test

- Salbutamol (Ventolin / Salvent / Airomir / Combivent)
- Terbutaline (Bricanyl)

12 hours Prior to Test

- Ipratropium (Atrovent)

24 hours Prior to Test

- Montelukast (Singulair)

48 hours Prior to Test:

- Salmeterol (Serevent / Advair)
- Formoterol (Oxeze / Symbicort / Foradil)
- Theophylline (Theo-dur / Uniphyll)
- Indacaterol (Onbrez)
- Glycopyrronium (Seebri)
- Symbicort
- Tiotropium (Spiriva)

72 hours Prior to Test:

Anti-Histamines

- Claritin
- Reactine
- Aeries
- Benadryl
- Allegra

PULMONARY EXERCISE TEST

- Please wear loose and comfortable clothing and shoes as exercise is involved during the test.