

## PULMONARY FUNCTION TEST REQUISITION

<p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Age: _____ DOB: _____</p> <p>Health Card # _____ VC: _____</p> <p>Male: _____ Female: _____</p> <p>Telephone: _____</p> <p>Physician _____</p> <p>Billing #: _____ Fax #: _____</p> <p>Phone #: _____</p>	<p style="text-align: center;"><b>Kawartha Respirology Diagnostic Services</b></p> <p style="text-align: center;">327 Charlotte Street Peterborough, ON</p> <p style="text-align: center;">Tel: 705-775-1021 Fax: 705-748-4804</p> <p>Physician Signature _____</p> <p>Copies to: _____</p> <p>Preferred day: M T W TH F Time: <input type="checkbox"/> AM <input type="checkbox"/> PM</p>
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Clinical Diagnosis:  Asthma  COPD  ILD Other \_\_\_\_\_

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Reasons for test:  Diagnosis  Follow-up  Baseline Measurement  Medication renewal  Other

Routine \_\_\_\_\_  URGENT (e.g. Cancer, Preop) \_\_\_\_\_

Has the patient had any surgeries in the past 6 weeks? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes which surgery was performed and the date \_\_\_\_\_

<p><b>Tests Required: Please check as required</b></p> <p><input type="checkbox"/> 1. Flow volume loop</p> <p><input type="checkbox"/> 2. Postbronchodilator flow volume</p> <p><input type="checkbox"/> 3. Lung Volumes</p> <p><input type="checkbox"/> 4. Airways resistance</p> <p><input type="checkbox"/> 5. Single breath diffusion</p> <p><input type="checkbox"/> 6. Oximetry at rest without oxygen</p> <p><input type="checkbox"/> 7. Complete PFTs includes #1,2,3,4,5,6</p> <p><input type="checkbox"/> 8. 6 minute walk room air or with oxygen</p>	<p><input type="checkbox"/> <b>Current Smoker</b> _____ pack/day for _____ years</p> <p><input type="checkbox"/> <b>Ex-smoker</b> _____ stopped _____</p> <p><input type="checkbox"/> <b>Never smoked</b></p> <p>Is the patient using inhalers, please list:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>Please provide recent hemoglobin:</b></p> <p>Result: _____ Date: _____</p>
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<p>Note: Bronchodilator is salbutamol 400 mcg by metered-dose inhaler</p> <p><b>PATIENT INSTRUCTIONS:</b> No Ventolin, salbutamol, Atrovent, Bricanyl for 4 hours prior</p> <p>No, Advair, Breo, Onbrez, Singulair, Symbicort, Trelegy, Ultibro Zenhale, for 24 hours prior to testing</p> <p>No Anoro, Duaklir, Incruse, Inspiro, Seebri, Spiriva, Tudorza, Ultibro for 48 Hours prior to testing.</p> <p>No smoking prior to testing the day of the test</p>	<p>_____</p> <p>Has an appointment with the Pulmonary Function Lab</p> <p>AT _____ on _____ 20____</p> <p>Kawartha Respirology 327 Charlotte Street, Peterborough</p> <p style="text-align: center;">705-775-1021</p> <p style="text-align: center;"><b>Appointment must be confirmed 1 week prior to test. Hold Salbutamol 4 hours prior to test</b></p>
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