

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;">Kawartha Respiriology Diagnostic Services</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>
<p>Clinical Diagnosis: <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> ILD Other _____</p> <p>_____</p> <p>Reasons for test: <input type="checkbox"/> Diagnosis <input type="checkbox"/> Follow-up <input type="checkbox"/> Baseline Measurement <input type="checkbox"/> Medication renewal <input type="checkbox"/> Other</p> <p><input type="checkbox"/> Routine _____ <input type="checkbox"/> URGENT (e.g. Cancer, Preop) _____</p> <p>Has the patient had any surgeries in the past 6 weeks? Yes _____ No _____ If yes which surgery was performed and the date _____</p>	
<p>Tests Required: Please check as required</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 on room air</p> <p><input type="checkbox"/> 9. 6 minute walk test with oxygen</p>	<p><input type="checkbox"/> Current Smoker _____ pack/day for _____ years</p> <p><input type="checkbox"/> Ex-smoker _____ stopped _____</p> <p><input type="checkbox"/> Never smoked</p> <p>Is the patient using inhalers, please list:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Please provide recent hemoglobin:</p> <p>Result: _____ Date: _____</p>
<p>Note: Bronchodilator is salbutamol 400 mcg by metered-dose inhaler</p> <p>PATIENT INSTRUCTIONS: 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, Inspiolto, 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 Respiriology 327 Charlotte Street, Peterborough</p> <p style="text-align: center;">705-775-1021</p> <p style="text-align: center;">Appointment must be confirmed 1 week prior to test. Hold Salbutamol 4 hours prior to test</p>