

Pulmonary Function Lab
 St. Joseph's Health Care London
 268 Grosvenor St, London, ON N6A 4V2
 Outpatient Registration: Room B3-030
 Zone B, Level 3
 Phone: 519-646-6000 ext. 61389, Fax: 519-646-6164



PULMONARY FUNCTION TEST REQUISITION please FAX to 519-646-6164
ALL SECTIONS ON PAGE 1 & 2 MUST BE COMPLETED AND SIGNED TO BE TRIAGED

<u>Patient Information</u>		<u>Referring Practitioner Information</u>	
Last Name:	_____	Name:	_____
First Name:	_____	Phone:	_____
Health Card Ontario:	_____	Fax:	_____
Date of Birth:	_____	Signature: _____	
Gender:	_____		
Phone:	_____		

Reason for Testing:	<input type="checkbox"/> Screen for COPD	<input type="checkbox"/> Chronic Cough	<input type="checkbox"/> Shortness of breath
		<input type="checkbox"/> Screen for Asthma	<input type="checkbox"/> Asthma or COPD Follow up

CHOOSE ONLY ONE TEST FROM THE OPTIONS BELOW:

Spirometry Ages 6+

Post bronchodilator testing may be performed at discretion of PFT lab

- Spirometry Pre/Post-Bronchodilator** (helps to diagnose and differentiate between Asthma, COPD, and Interstitial Lung Disease)
**withhold bronchodilators – please refer to chart on second page for required withhold times*
- Spirometry Only** (helpful for follow up, trending purposes and to monitor effectiveness of treatment with respiratory medications)

Full PFT Ages 14+

- Full PFT** (most helpful once a lung disorder has already been established via spirometry. Includes spirometry, lung volumes, and diffusion testing)

CONTRAINDICATIONS:

- Surgery within past 4 weeks (abdominal, cranial, ocular, or thoracic)
- Recent heart attack or stroke
- Uncontrolled/untreated aneurysm
- TB or Active infection

PFT Lab Use Only:

Appointment: _____

- Patient missed or cancelled appointment: If testing is still required, please send **NEW** requisition

If you have referred your patient for a Pre/Post Test, see the list below to determine if your patient may stop their medication for the required time before their appointment. **Failure to complete this section will result in the inability to schedule this appointment.**

****Please check the box to indicate if the patient is currently not taking medication.***

No respiratory medications in use

****Please check boxes next to medications to indicate which medications the patient is currently taking.***

	MEDICATION	HOURS WITHHELD		MEDICATION	HOURS WITHHELD		MEDICATION	HOURS WITHHELD
	ACCOLATE	0		FLOVENT	0		SINGULAIR	0
	ADVAIR	24		FORADIL	24		SPIRIVA	48
	AIROMIR	6		FORMOTEROL	24		SYMBICORT	24
	ALVESCO	0		INCRUSE	48		TERBUTALINE	6
	ANORO	48		INSPIOLTO	48		TIOTROPIUM	48
	ARNUITY	0		MONTELUKAST	0		TORNALATE	6
	ASMANEX	0		ONBREZ	48		TRELEGY	48
	ATECTURA	48		OXEZE	24		TUDORZA	48
	ATROVENT	12		PULMICORT	0		ULTIBRO	48
	BREO	48		QVAR	0		VENTOLIN	6
	BREZTRI	48		SALBUTAMOL	6		WIXELA	24
	BRICANYL	6		SALMETEROL	24		ZAFIRLUKAST	0
	COMBIVENT	12		SALVENT	6		ZENHALE	24
	DUAKLIR	48		SEEBRI	48			
	ENERZAIR	48		SEREVENT	24			

I have reviewed the information above and advised my patient to hold if required or continue their medication as usual.

Physician signature: _____

Date: _____