



**Pulmonary Function (PFT)  
Requisition**

By Appointment Only  
 Bookings: 519-751-5520  
 Fax Number: 519-751-5569  
*Please FAX completed form and  
 up-to-date Medication List*

Patient Identification Label

<b>Ordering Physician (Please Print):</b>	<b>Appointment Date and Time:</b>
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**Cardiac and Respiratory Medications (attach up to date list of all medications to referral):**

**Relevant Patient History:**

**Referral Request:**

Asthma Diagnosis (Query Asthma)	<input type="checkbox"/> Methacholine Challenge Test <input type="checkbox"/> Pre and Post Spirometry for Children under 15 years
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Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Full Pulmonary Function Test <input type="checkbox"/> Pre and Post Spirometry
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Home Oxygen Assessment/Need	<input type="checkbox"/> Single Blind Walk Test Oxygen flow at _____ LPM <input type="checkbox"/> 6 Minute Walk Test on Room Air <input type="checkbox"/> Walk test with O2 Oxygen Flow at _____ LPM <input type="checkbox"/> Arterial Blood Gas on Room Air
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<b>Consider Postponing testing if:</b> <input type="checkbox"/> Myocardial Infarction (MI) in last 3 months <input type="checkbox"/> Unstable Angina <input type="checkbox"/> Eye Surgery in last 3 months <input type="checkbox"/> Active Tuberculosis (TB)	<input type="checkbox"/> Hemoptysis <input type="checkbox"/> Pregnant- No Methacholine <input type="checkbox"/> Breast Feeding - No Methacholine
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<b>Physician Signature:</b>	<b>Date (dd/mm/yy):</b>
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