Pulmonary Function Requisition
By Appointment Only
Bookings: 519-751-5520
Fax Number: 519-751-5569

Patient Identification Label

Ordering Physician (Please Print):

Appointment Date and Time:

Reason for Test:

Clinical Information (consider postponing PFTs if any of the following boxes are checked)**:**

- ☐ Myocardial infarction less than 3 months ago
- ☐ Unstable angina
- ☐ Eye surgery less than 4 weeks ago
- ☐ Suspect active tuberculosis
- ☐ Hemoptysis

- ☐ Non-smoker
- ☐ Smoker or ex-smoker: ______pack years ______years quit

Respiratory and Cardiac Medications (ask patient to bring in all medications):

Treatment Includes:

- ☐ Bronchodilators
- ☐ Steroids
- ☐ Beta Blockers
- ☐ Antihypertensive Agents

Bronchodilator Contraindications?

- ☐ Yes
- ☐ No

Tests:

- ☐ Full Pulmonary Function Test
- ☐ Pre and Post Spirometry Bronchodilator
- ☐ SaO2
- ☐ Methacholine Challenge Test
- ☐ Single Blinded Walk Test (for home oxygen assessment)
  - o Oxygen at flow rate: _____Lpm
- ☐ 6 Minute Walk Test on Room Air or:
  - o Oxygen at flow rate: _____Lpm
- ☐ Arterial Blood Gas on Room Air or:
  - o Oxygen at flow rate: _____Lpm

Physician Signature:

Date (dd/mm/yy):