



N399

NORTHUMBERLAND HILLS HOSPITAL

Outpatient Pulmonary Function Requisition

Referral Date: _____

Booking Priority: ASAP Next available
 Book In _____

Referring Physician: _____
 (please print)

Reason for Referral: _____

Existing Diagnosis: _____

Hgb Level (done within past 3 mos.): _____

Completed form to be faxed to NHH Lab 905-373-6912

Patient Name: _____

Telephone #: _____

Health Card #: _____ VC _____

DOB & Age: _____ Height & Weight: _____

Address: _____

PATIENT HISTORY

Non-smoker Yes No
 Former smoker Yes No
 Pack Years _____

Present smoker Yes No
 Pack Years _____

Does the patient have a history of:

Asthma Yes No
 Emphysema Yes No
 Bronchitis Yes No
 Pneumonia Yes No
 Restrictive Lung Disease Yes No
 Interstitial Lung Disease/Fibrosis Yes No
 Other pulmonary disorders _____

Cardiac disease Yes No
 (Possible) TB or other infectious diseases Yes No
 Eye surgery in the past 6 weeks Yes No
 Previous PFTs performed Yes No
 When? _____
 Where? _____

Recent chest x-ray Yes No
 Recent ECHO Yes No
 Recent cardiac stress test Yes No
 Currently using Oxygen Yes No

TESTING REQUIRED

1. **Complete Pulmonary Function Study**
(flow-volume loop, pre & post bronchodilator, lung diffusion capacity, lung volumes, resting oximetry)

2. **Spirometry**

3. **Pre/Post Bronchodilator Spirometry**

4. **Lung Volumes & Airway Resistance**

5. **Diffusion Capacity and Transfer Factor**

6. **Arterial Blood Gases**
 On room air On O₂ _____ LPM

7. **Home Oxygen Assessment**
(includes resting and exertional oximetry with oxygen, if required, and/or arterial blood gases on room air)
 For initial O₂ funding
 For O₂ funding re-qualification
 Funding Renewal Date: _____

8. **6 Minute Walk Test**
 On room air On O₂ _____ LPM

MEDICATIONS
*(bronchodilators/anti-inflammatories/oxygen **only**)*

 Physician Signature

 Fax Number



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Outpatient Pulmonary Function Requisition

If you are having a Complete Pulmonary Function Study, Spirometry, Pre/Post Bronchodilator Spirometry, Lung Volumes and Airway Resistance, Diffusion Capacity and Transfer Factor, MIPS/MEPS:

1. Take your inhaled medications as per time frame indicated in the chart on the right
2. Bring all inhalers and spacing devices (chambers) to your appointment
3. Avoid exercise 30 minutes before your test
4. Do not smoke within 1 hour of your test
5. Do not drink coffee within 1 hour of your test
6. Do not eat within 2 hours of your test
7. Do not drink alcohol within 4 hours of your test
8. Wear loose fitting, comfortable clothing

If you are having a Home Oxygen Assessment, 6 Minute Walk Test, Resting Oximetry or Exertional Oximetry:

1. Take your medications as you normally do
2. Remove fingernail polish
3. Bring your portable oxygen
4. Bring your walking aid (cane, walker, etc.)

Airomir	Discontinue 6 hours prior to test
Atrovent	
Bricanyl Turbuhaler	
Ventolin/Salbutamol	
Combivent Respimat	Discontinue 6-8 hours prior to test
Advair/Advair Diskus	Discontinue 24 hours prior to test
Breo Ellipta	
Foradil	
Onbrez Breezhaler	
Oxeze Turbuhaler	
Serevent Diskus	
Symbicort Turbuhaler	
Zenhale	Discontinue 24-48 hours prior to test
Alvesco	
Arnuity Ellipta	
Asmaex Twisthaler	
Flovent/Flovent Diskus	Discontinue 48 hours prior to test
Pulmicort Turbuhaler	
QVAR	Discontinue 48 hours prior to test
Anoro Ellipta	
Duaklir Genuair	
Incruse Ellipta	
Inspiroto Respimat	
Seebri Breezhaler	
Spiriva/Spiriva	
Tudorza Genuair	
Ultibro Breezhaler	

Please arrive 10 minutes before your appointment to allow time for registration. If you are more than 10 minutes late, your appointment may be rescheduled.

If you are unable to keep your appointment, please let us know at least 24 hours in advance.

To book, cancel, or change your appointment, or if you have any questions or concerns, please call NHH Laboratory Services at **905-377-7761**.

NHH is a scent-free hospital. Kindly refrain from wearing scented products.