



St. Thomas Elgin
General Hospital

Cardio-Respiratory Department Requisition
Ground Floor St. Thomas Elgin General Hospital
Phone: 519-631-2020 Ext. 2378
Fax: 519-637-3229

Complete if no labels available
PLEASE PRINT CLEARLY

SE# _____	Phone _____
Last Name _____	First Name _____
Health Card# _____ VC _____	D.O.B. _____

PATIENT APPOINTMENT DATE AND TIME:

<input type="checkbox"/> Full Screen (includes Lung Volumes, Spirometry and DLCO) <input type="checkbox"/> Full Screen Pre/Post (includes Lung Volumes, Spirometry with pre & post bronchodilation and DLCO) <input type="checkbox"/> Spirometry Only <input type="checkbox"/> Spirometry Pre/Post	<p>MUST CHECK OFF ONE:</p> <input type="checkbox"/> Diagnostic Testing (hold puffers; see instruction sheet on reverse side) <input type="checkbox"/> R/O COPD <input type="checkbox"/> R/O Asthma <input type="checkbox"/> R/O Restrictive Lung Disease <input type="checkbox"/> Follow up (continue with routine home puffers) <input type="checkbox"/> Confirmed COPD <input type="checkbox"/> Confirmed Asthma <input type="checkbox"/> Confirmed Restrictive Lung Disease	<input type="checkbox"/> Bronchial Provocation Testing (Methacholine Challenge Testing)	<p>Arterial Blood Gases</p> <input type="checkbox"/> Room Air <input type="checkbox"/> On Oxygen
		<input type="checkbox"/> Exertional Hypoxemia Testing This test can ONLY be ordered by Intensivist/Internist or Respiriologist. NOTE: If resting SpO2 \leq 90% a Home Oxygen Assessment will be performed which will include an arterial blood gas	

<p>Risk Factors:</p> <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Obesity <input type="checkbox"/> Smoker <input type="checkbox"/> Ex-Smoker <input type="checkbox"/> Toxic Occupational Exposure <input type="checkbox"/> Pre-operative <input type="checkbox"/> Pulmonary Hypertension <input type="checkbox"/> Pulmonary Embolism	<p>Indications:</p> <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> SOB with Exertion <input type="checkbox"/> Chronic Cough (may or may not be productive) <input type="checkbox"/> Recurrent Respiratory Infections <input type="checkbox"/> Wheeze <input type="checkbox"/> Additional Information: _____
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Contraindications:

Pulmonary Function Test

- Unstable cardiovascular status
- Thoracic, abdominal or cerebral aneurysms
- Recent MI, CVA, pulmonary embolism within the past month
- Pneumothorax within the past 2 weeks
- Hemoptysis of unknown origin
- Recent respiratory or ear infections within 4-6 weeks
- Recent thoracic, cardiac, abdominal, or eye surgery or procedures within the past 3 months

Bronchial Provocation Testing - Methacholine Challenge Test (in addition to above)

- Systolic BP > 200 mmHg; Diastolic BP > 110 mmHg
- Known aortic aneurysm
- Severe acute airflow limitation - FEV1 < 60% of predicted
- Pregnancy

Exertional Hypoxemia Testing

- Unstable angina
- Uncontrolled systemic hypertension
- Systemic or pulmonary embolism within the past month
- MI within the past month
- Unstable to ambulate

PHYSICIAN FAX#: _____

PHYSICIAN SIGNATURE: _____ **Date:** _____ **Copy to:** _____

05 Pulmonary Function Requisition 2021_10_04

PLEASE PROVIDE PATIENT WITH PATIENT PULMONARY FUNCTION TESTING INSTRUCTIONS

Patient Pulmonary Function Testing Instructions:

IF YOU ARRIVE **15 MINUTES LATE** FOR YOUR SCHEDULED APPOINTMENT TIME, YOUR APPOINTMENT WILL **BE RESCHEDULED**

- Please arrive 15 minutes prior to your scheduled appointment to complete a patient questionnaire
- Please wear easily removable footwear
- Please bring all current respiratory medication(s) or an up-to-date medication list
- No smoking 1 hour before test
- No alcohol prior to testing

If currently taking one of the following medications please hold for the indicated amount of time prior to your **Pulmonary Function Test** for diagnostic testing:

Avoid the following on the morning of the test:

- Airmoir (Salbutamol), Atrovent (Ipratropium), Bricanyl (Terbutaline), Berotec (Fenoterol), Caffeine (coffee, tea, cola drinks, chocolate), Combivent, Oxeze (Formoterol)

Please hold for 24 hours prior to your scheduled appointment:

- Accolate (Zafirlukast), Singulair (Montelukast), Anoro, Breo, Advair, Duaklir, Incruse, Inspirolo, Onbrez,
- Seebri, Serevent, Spiriva, (Tiotropium), Symbicort, Tudorza, Ultibro, Zenhale

There is no need to stop the following Respiratory medications:

- Inhaled Corticosteroids (Flovent, Pulmicort, Qvar, Asmanex, Arnuity)
- Intranasal Corticosteroids (Rhinocort, Flonase, Nasonex)
- Oral Corticosteroids (Prednisone, Prednisolone, Deltasone)

For your convenience, please park in the South Building Parking Lot

Please check in with Ambulatory Care Reception located on the Ground Floor of the South Building Zone A

For results or to rebook your appointment, please call 519-631-2020 Ext. 2378

Speciality Test Instructions:

IF YOU ARRIVE **15 MINUTES LATE** FOR YOUR SCHEDULED APPOINTMENT TIME, YOUR APPOINTMENT WILL **BE RESCHEDULED**

- Please arrive 15 minutes prior to your scheduled appointment to complete a patient questionnaire
- Please wear easily removable footwear
- Please bring all current respiratory medication(s) or an up-to-date medication list
- No smoking 1 hour before test
- No alcohol prior to testing

Bronchial Provocation Testing (Methacholine Challenge) Instructions
THE USE OF PUFFERS WILL RESULT IN THE TEST BEING RESCHEDULED

If currently taking one of the following medications please hold for the indicated amount of time prior to your **Methacholine Challenge**:

Avoid the following on the morning of the test:

- Airmoir/ Ventolin (Salbutamol, Atrovent (Ipratropium), Bricanyl (Terbutaline), Berotec (Fenoterol),
- Caffeine (coffee, tea, cola drinks, chocolate), Combivent

Please hold for 36 hours prior to your scheduled test time:

- Accolate (Zafirlukast), Advair, Breo, Onbez, Singulair (Montelukast), Symbicort, Zenhale

Please hold for 72 hours prior to your scheduled test time:

- Anoro, Duaklir, Incruse, Inspiroto, Seebri, Spiriva (Tiotropium), Tudorza, Ultibro

There is no need to stop the following Respiratory medications:

- Inhaled Corticosteroids (Flovent, Pulmicort, Qvar, Asmanex, Arnuity)
- Intranasal Corticosteroids (Rhinocort, Flonase, Nasonex)
- Oral Corticosteroids (Prednisone, Prednisolone, Deltasone)

Exertional Hypoxemia Testing
PATIENTS PLEASE READ INSTRUCTIONS CAREFULLY

IF YOU ARRIVE **15 MINUTES LATE** FOR YOUR SCHEDULED APPOINTMENT TIME, YOUR APPOINTMENT WILL **BE RESCHEDULED**

- Please bring a family member or friend to this appointment as their help may be needed for the test
- If you currently use walking aids such as a walker or cane, please bring them along to this test
- Please wear comfortable shoes and clothes

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