



YORK REGION PULMONARY FUNCTION TESTING CENTRE

PULMONARY FUNCTION LABORATORY

ROUTINE TEST REQUEST

13291 Yonge Street Suite 300
Richmond Hill, ON L4E 4L6

PHONE 905.773.7843 FAX 905.773.5180

Empty box for patient information

Addressograph

Please check appropriate boxes below.

- PFT ONLY, PFT with consultation if abnormal results, Referral for COPD rehabilitation program, Consultation with lung specialist and PFT if indicated

Appointment Date Appointment Time Patient's Phone No.

Referring Physician Phone No.

Address Fax No.

Send Reports To:

ROUTINE STUDIES

- Complete Study, Spirometry, Spirometry after Bronchodilator, Lung Volume Measurement and Airway Resistance Tests, Diffusion Capacity

OTHER TESTS

- Non-Specific Bronchial Provocative Test, Arterial Blood Gas on Room Air, Maximal Inspiration and Expiration Pressures, Arterial Blood Gas on Oxygen, 6-Minute Walking Oximetry, Oxygen Saturation at Rest

HOME OXYGEN ASSESSMENT

- Initial Assessment with Arterial Blood Gas on Room Air, Initial Assessment: Without Arterial Blood Gas, Home Oxygen Setup, Independent Exercise Assessment (IEA)

PRESENT SMOKER

Yes No Cigarettes/Day For Years

EX-SMOKER

Stopped Years Ago
Did Smoke Cigarettes/Day For Years

CLINICAL INFORMATION

Hgb Level:

Does Treatment Include:

Bronchodilator YES NO

Steroids YES NO

Precautions:

Possible TB YES NO

Other Infectious Disease YES NO

If Yes, Please give Details:

REASON FOR TEST (MANDATORY INFORMATION)

- Diagnosis, Medical Follow-up, Pre-surgical Assessment\*, Surgical Follow-up, Medical-Legal, Other:

\*Please state which surgery

PREVIOUS PULMONARY FUNCTION TEST? YES NO

Physician Signature Date