

**PULMONARY FUNCTION TEST (PFT)
REQUISITION**



INCOMPLETE REQUESTS WILL BE RETURNED

Name: _____ Date of Birth (D/M/Y): _____ Sex: M F

Address: _____ OHIP # _____ VC _____ Patient's Weight: _____ kgs

Primary Contact # () _____ Secondary # () _____ Patient's Height: _____ cm

Health Card #: _____ Version _____

REASON FOR PFT:

- Asthma COPD Cough Pulmonary Fibrosis SOB Pre Op Follow up
 OTHER _____

TEST TYPE: ORDERED BY ALL PHYSICIANS

- Full Pulmonary Function Testing (PFT)
 PRE / POST Spirometry (with 4 puffs Salbutamol for bronchodilator testing)
 Arterial Blood Gas (By Appointment Only) with oxygen without oxygen

TEST TYPE: ORDERED BY RESPIROLOGIST / INTERNIST / ALLERGIST / PEDIATRICIAN

- Methacholine Challenge (Salbutamol given for reversal)
 Exercise Induced Asthma Protocol (EIA)

TEST TYPE: ORDERED BY RESPIROLOGIST / INTERNIST ONLY

- Home O2 Assessment (Walk OX)
 6 Minute Walk Test (6 MWT)

TEST TYPE: ORDERED BY RESPIROLOGIST ONLY

- MIPs / MEPsO2 Titration
 Cardiopulmonary Exercise Testing (CPET)

Any Additional Clinical Information: _____

Smoker: YES NO

Ex Smoker: YES NO If Yes, number of packs / year _____

Please Indicate if Patient is currently using:

- Bronchodilator Leukotriene Receptor Antagonists
 Inhaled Steroid (ICS) Oral Steroid
 OTHER: _____

Suspected TB is a contraindication for testing. TB suspected YES If yes—test cancelled No

Bronchodilator testing will not be done if FEV1 is greater than LLN

Print Referring Physician _____ Fax Number _____

Copy to (Drs): _____

Referring Physician Signature: _____

APPOINTMENT DATE AND TIME:

DATE: _____ / _____ / _____ TIME: _____ Note: All PFT's are now performed at the Met Campus

**PULMONARY FUNCTION LAB PATIENT
PREPARATION SHEET**

ALL PFT'S ARE NOW PERFORMED AT THE MET CAMPUS

Please register in the Cardiopulmonary Office located behind the gift shop on the 1st floor at the Met campus at least 15 minutes prior to your appointment time.

For all of the tests listed below:

PLEASE REFRAIN FROM DRINKING ANY CAFFEINATED BEVERAGES ON THE DAY OF THE TEST
(coffee, tea, chocolate, cola, pop and Tylenol #1, #2, & #3)

FULL PULMONARY FUNCTION TEST (PFT) OR SPIROMETRY

PLEASE CHECK WITH YOUR PHYSICIAN BEFORE AVOIDING THE FOLLOWING MEDICATIONS:

Ventolin (Salbutamol) / Bricanyl / Airomir /Combivent / AtroventAvoid 6 hours prior to testing

METHACHOLINE CHALLENGE TEST

PLEASE CHECK WITH YOUR PHYSICIAN BEFORE AVOIDING THE FOLLOWING MEDICATIONS:

Antihistamines / decongestants / sinus&cold medications / cough suppressants..Avoid 4 days prior to testing
Ventolin (Salbutamol) / Bricanyl / AiromirAvoid 8 hours prior to testing
Combivent / AtroventAvoid 12 hours prior to testing
Serevent / Oxese / Advair / Symbicort / Spiriva / Anoro / Breo Ellipta /Avoid 48 hours prior to testing
Flovent / Pulmicort / Singulair / Accolate / Seebri / Foradil / Incruse / Inspiolto /
Onbrez / Duaklir / Zenhale

EXERCISE TESTING (EXERCISE INDUCED ASTHMA & CPX)

PLEASE CHECK WITH YOUR PHYSICIAN BEFORE AVOIDING THE FOLLOWING MEDICATIONS:

Please bring comfortable clothes to exercise in and refrain from eating a heavy meal just prior to the test.

Ventolin (Salbutamol) / Bricanyl / AiromirAvoid 8 hours prior to testing
Combivent / Atrovent / Singular / Accolate /Incruse / SeebriAvoid 24 hours prior to testing
Serevent / Oxeze / Advair / Symbicort / Spiriva / Anoro / Breo Ellipta /Avoid 48 hours prior to testing
Flovent / Pulmicort / Duaklir / Foradil / Inspiolto / Onbreze / Ultibro / Zenhale