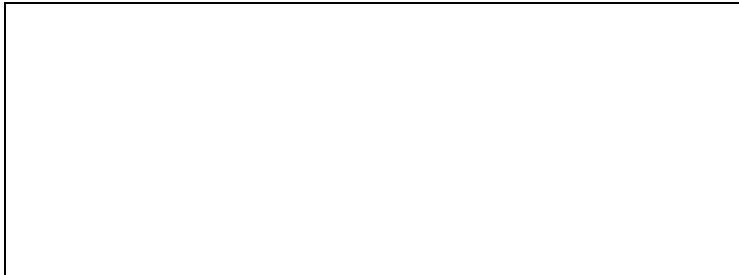




**Lennox and Addington
County General Hospital**



Pulmonary Function Test Request
Outpatient Clinic

Tel: (613)354-3301 ext.208; Fax: (613)354-4937

Appointment Date: _____

Referral Date: _____

****PLEASE NOTIFY PATIENTS TO HOLD THE FOLLOWING INHALERS PRIOR TO THE TEST.
PATIENTS SHOULD BRING INHALERS TO TEST****

SABA/SAMA i.e. Ventolin– withhold 4 hrs prior

LAMA i.e. Spiriva, Seebri - withhold 24 hrs prior

ICS, Combo ICS/LABA, LABA i.e. Flovent, Advair, Serevent – withhold 12 hrs prior

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

Address: _____ Postal Code _____

Home Phone _____ Work Phone _____

Health card # _____

If < 19 years old, Guarantor name: _____

Referring Physician _____ ****Physician Signature Required:** _____

Diagnosis/Medical Information: _____

Current Medications: _____

Home Oxygen? Yes Liter flow _____ No

STUDIES REQUESTED:

- Studies:
- Routine** (flow volume loop, lung volumes, airway resistance, diffusion and SpO2)
 - Post Bronchodilator** (Repeat flow volume loop after **4 puffs of Salbutamol** given)
 - Spirometry (flow volume loop only with saturation)
 - Maximal pressures (MIPs/MEPs)
 - Blood Gas only _____ on room air _____ L/min of oxygen

Oxygen Assessments:

- O2 saturation rest and exercise for oxygen titration (O2 will be provided during test for SpO2 less than 88%)
- Independent Exercise Assessment (IEA)** for home oxygen funding
Test includes ABG on room air/ SpO2 @ rest and exercise if assessed as appropriate.
** IEA for HOP funding will be reviewed by Respiriology or Internal Medicine

BY REFERRING TO RESPIRATORY THERAPY CLINIC, YOUR PATIENT WILL BE ASSESSED AS A CANDIDATE FOR PULMONARY REHABILITATION CLINIC.