



Lennox & Addington County  
General Hospital  
8 Richmond Park Drive  
Napanea, ON K7R 2Z4

Patient name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 DOB: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_  
 HC#: \_\_\_\_\_

**Pulmonary Function Test Request**

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

Appointment Date/Time: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

Address: \_\_\_\_\_ Fax No. \_\_\_\_\_

SMOKER:  Present  Former  Never

<p><b>Diagnosis/Comments:</b></p>	<p><b>Reason for Test</b></p> <p><input type="checkbox"/> Diagnosis</p> <p><input type="checkbox"/> Follow up</p> <p><input type="checkbox"/> Presurgical assessment (specify) _____</p>
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**ROUTINE STUDIES:**

- Spirometry
- Spirometry after Bronchodilator (4 puffs 100mcg salbutamol; 2 puffs pediatrics)
- Lung volumes (Plethysmography)
- Diffusion Capacity (DLCO)
- Oxygen saturation at rest
- Complete Study (includes all routine studies)

**INDEPENDENT EXERCISE ASSESSMENT FOR HOME OXYGEN (IEA)**

Outpatient testing includes ambulatory oxygen assessment with an Arterial Blood Gas on Room Air if required for home oxygen program qualification

**OTHER STUDIES**

- Methacholine Challenge (must have had spirometry done in last 12 months, preferably at LACGH)
- Maximal inspiratory and expiratory pressures
- Arterial Blood Gas only  on room air  on oxygen at \_\_\_\_ l/min
- Six minute walk test for functional capacity  on room air  on oxygen at \_\_\_\_ l/min

**PATIENT IS TAKING....**

Bronchodilators?  Yes  No      Steroids?  Yes  No  
 Cholinesterase inhibitor?  Yes  No      Beta-adrenergic blocking agent  Yes  No

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_