

Pulmonary Function Referral

FAX: 705-434-5111

PHONE: 705-435-3377 x 5133

PATIENT LABEL

Patient Name:		
Address:		
Phone:		
Diagnosis:		
Full PFT (Pre &Post Spirometry, lung volumes and different Spirometry Pre ONLY (NO bronchodilator given) Spirometry Pre & Post Home Oxygen Assessment (oximetry, ABG if indicated ABG On Room Air OnL/min oxygen Independent Exercise Assessment (IEA) 6 minute walking oximetry On Room Air and/or on *Arrangement for home oxygen will be made if criteria is mineration. No Home Oxygen set-up without an order from the attent Symptoms: Cough Wheezing Dyspnea Smoker: No Yes packs/day Ex-smoker quit for years was Medications & Additional Information: • Patients must not take short acting bronchodilators for twelve hours	and/or IndependenL/min et, (unless otherwis nding physicianYears foryears spacks/day	se indicated below) nce s y for years
 Patients to arrive 15 minutes earlier to register To cancel or change appointment please call Outpatient department at 705-435-3377 x 5133 		
Referring Physician Name:		
Referring Physician Signature:		Date:
Phone #:	Fax#:	





Pulmonary Function Referral PATIENT INSTRUCTIONS

DO NOT TAKE YOUR INHALERS - unless you are having difficulty breathing or have been told otherwise by your physician.

If you feel you must take your inhalers due to shortness of breath – TAKE YOUR INHALERS and call Outpatient department 705-435-3377 x 5133 to reschedule your appointment.

- ✓ STOP the following inhalers 4 hours before your test appointment: Ventolin, Atrovent, Bricanyl and Bombivent
- ✓ STOP all other inhalers 12 hours before testing

DAY OF YOUR TEST

Proceed to Registration inside the main entrance of Stevenson Memorial Hospital, please register here and then proceed to the 2nd floor to the outpatient department to check in for your test.

- ✓ Do NOT smoke or have any caffeine for 4 hours before the test
- ✓ Wear loose clothing and have a light meal No fasting is required
- ✓ Do not wear any scented products
- ✓ Bring a complete list of your current medications including dosages. **BRING YOUR INAHLERS WITH YOU**
- ✓ Call to postpone our test if you are having any cold or flu like symptoms, severe headache or diarrhea

To Cancel your Appointment Please Call: Outpatient department 705-435-3377 x 5133

Pulmonary Function Testing

This test involves a series of breathing maneuvers to measure how well your lungs are working. You will be asked to breath in and out as though you are blowing out many candles with 1 breath.

If you have had a recent heart attack or stroke, blood pressure problems that are not controlled by medication, a pulmonary embolism, an aneurysm or recent eye or abdominal surgery, please inform the technician prior to the test.

Walk Tests or Home Oxygen Testing

This test is a short walk along a hallway and may be with or without oxygen. Oxygen levels and heart rate will be monitored by a finger probe oximeter during your walk. A blood sample may be required if indicated by your physician, this will be taken from the artery in your wrist. (Arterial Blood Gas)

