



St. Thomas Elgin  
General Hospital

Cardio-Respiratory Department Requisition  
Ground Floor St. Thomas Elgin General Hospital  
Phone: 519-631-2020 Ext. 2378  
Fax: 519-631-5464

Complete if no labels available  
PLEASE PRINT CLEARLY

SE# _____	Phone _____
Last Name _____	First Name _____
Health Card# _____ VC _____	D.O.B. _____

**PATIENT APPOINTMENT DATE AND TIME:**

<input type="checkbox"/> <b>Full Screen</b> (includes Lung Volumes, Spirometry and DLCO) <input type="checkbox"/> <b>Full Screen Pre/Post</b> (includes Lung Volumes, Spirometry with pre & post bronchodilation and DLCO) <input type="checkbox"/> <b>Spirometry Only</b> <input type="checkbox"/> <b>Spirometry Pre/Post</b>	<p><b>MUST CHECK OFF ONE:</b></p> <input type="checkbox"/> <b>Diagnostic Testing (hold puffers; see instruction sheet on reverse side)</b> <input type="checkbox"/> R/O COPD <input type="checkbox"/> R/O Asthma <input type="checkbox"/> R/O Restrictive Lung Disease  <input type="checkbox"/> <b>Follow up (continue with routine home puffers)</b> <input type="checkbox"/> Confirmed COPD <input type="checkbox"/> Confirmed Asthma <input type="checkbox"/> Confirmed Restrictive Lung Disease	<input type="checkbox"/> <b>Bronchial Provocation Testing (Methacholine Challenge Testing)</b>	<p><b>Arterial Blood Gases</b></p> <input type="checkbox"/> Room Air <input type="checkbox"/> On Oxygen
		<input type="checkbox"/> <b>Exertional Hypoxemia Testing</b> This test can ONLY be ordered by Intensivist/Internist or Respiriologist. NOTE: If resting SpO2 $\leq$ 90% a Home Oxygen Assessment will be performed which will include an arterial blood gas	

<p><b>Risk Factors:</b></p> <input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Obesity <input type="checkbox"/> Smoker <input type="checkbox"/> Ex-Smoker <input type="checkbox"/> Toxic Occupational Exposure <input type="checkbox"/> Pre-operative <input type="checkbox"/> Pulmonary Hypertension <input type="checkbox"/> Pulmonary Embolism	<p><b>Indications:</b></p> <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> SOB with Exertion <input type="checkbox"/> Chronic Cough (may or may not be productive) <input type="checkbox"/> Recurrent Respiratory Infections <input type="checkbox"/> Wheeze <input type="checkbox"/> Additional Information: _____
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**Contraindications:**

**Pulmonary Function Test**

- Unstable cardiovascular status
- Thoracic, abdominal or cerebral aneurysms
- Recent MI, CVA, pulmonary embolism within the past month
- Pneumothorax within the past 2 weeks
- Hemoptysis of unknown origin
- Recent respiratory or ear infections within 4-6 weeks
- Recent thoracic, cardiac, abdominal, or eye surgery or procedures within the past 3 months

**Bronchial Provocation Testing - Methacholine Challenge Test (in addition to above)**

- Systolic BP > 200 mmHg; Diastolic BP > 110 mmHg
- Known aortic aneurysm
- Severe acute airflow limitation - FEV1 < 60% of predicted
- Pregnancy

**Exertional Hypoxemia Testing**

- Unstable angina
- Uncontrolled systemic hypertension
- Systemic or pulmonary embolism within the past month
- MI within the past month
- Unstable to ambulate

**PHYSICIAN FAX#:** \_\_\_\_\_

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Copy to:** \_\_\_\_\_

04 Pulmonary Function Requisition 2019\_08\_28

\*\*\*PLEASE PROVIDE PATIENT WITH PATIENT PULMONARY FUNCTION TESTING INSTRUCTIONS\*\*\*