

# PULMONARY FUNCTION TEST (PFT) REQUISITION

Metropolitan Campus

Phone: 519-254-1727 Fax: 519-255-2125

**INCOMPLETE REQUESTS WILL BE RETURNED**

Name: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ 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**

- 6 Minute Walk Test (6 MWT)  
 MIPs / MEPs  
 O<sub>2</sub> Titration  
 Home O<sub>2</sub> Assessment (Walk OX)

**TEST TYPE: ORDERED BY RESPIROLOGIST ONLY**

- 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 (mm/dd/yyyy): \_\_\_\_\_ TIME: \_\_\_\_\_ Note: All PFT's are now performed at the Met Campus

## PULMONARY FUNCTION LAB PATIENT PREPARATION SHEET

Metropolitan Campus  
1995 Lens Ave, Windsor, Ontario N8W 1L9  
Phone: 519-254-1727 Fax: 519-255-2125

### 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 / Atrovent .....Avoid 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 / Airomir .....Avoid 8 hours prior to testing  
Combivent / Atrovent .....Avoid 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 / Airomir .....Avoid 8 hours prior to testing  
Combivent / Atrovent / Singular / Accolate /Incruse / Seebri .....Avoid 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