



Patient Information:

Pulmonary Function Diagnostic Requisition

Bookings: (416) 242-1000 Ext. 47202

Fax: (416) 242-1066

Humber River Hospital
Respiratory & Neuro Diagnostics Clinics
Level 1 - Portal B
1235 Wilson Ave.
Toronto, ON, M3M 0B2

Appointment Date: _____

Time: _____ AM PM

Referring Physician: _____

Copies to: _____

Diagnosis/Indication/Comments:

ROUTINE PULMONARY FUNCTION TESTS

- | | |
|-------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Spirometry Only | <input type="checkbox"/> Full Pulmonary Function Study |
| <input type="checkbox"/> Spirometry Pre/Post Bronchodilator | Includes: |
| | - SpO2 and HR at rest |
| | - Spirometry Pre/Post Bronchodilator |
| | - Lung Volume Measurement (FRC) |
| | - Diffusing Capacity (DLCO) |

OTHER TESTS

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Bronchial Challenge (Methacholine)
- must have a previous Full PFT study or pre/post bronchodilator test) | <input type="checkbox"/> Maximal Inspiratory and Expiratory Pressures |
| <input type="checkbox"/> Six Minute Walk Test
(Oximetry with Exercise) | <input type="checkbox"/> Arterial Blood Gas on Room Air |
| | <input type="checkbox"/> Arterial Blood Gas on Oxygen
Indicate: _____ L/Min |

HOME OXYGEN ASSESSMENT (as per Ministry of Health and Long-term Care Guidelines)

- | | |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> Initial Assessment
Includes Arterial blood Gas if indicated | <input type="checkbox"/> Renewal
Arterial Blood Gas not included |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

Note: Referring Physician to setup Home Oxygen if required

Physician Signature: _____

PLEASE SEE REVERSE FOR INSTRUCTIONS ON HOW TO PREPARE FOR YOUR TEST

Patient Instructions

1. Traffic and parking can be a challenge. To make sure you are not late for your appointment, please arrive 30 minutes before your appointment time.
2. You will need to follow specific instructions during the test. If language is a barrier for you, please bring an interpreter with you.
3. If you have a new cough, fever (temperature at or above 38°C), chills, or flu-like symptoms, please call the clinic to reschedule your appointment.
4. Please bring:
 - A list of the medicines you are currently taking, including over-the-counter or herbal medicines, vitamins or supplements.
 - A valid Health Card (OHIP)
5. Humber River Hospital is a fragrance-free environment. Please do not wear scented products or perfumes to the hospital.

How do I prepare for the test?
For a ROUTINE PULMONARY FUNCTION TEST:
<ul style="list-style-type: none">• Do not use any steroid inhalers, bronchodilators or antihistamine medicines before the test, unless otherwise directed.• Stop taking antihistamines (or allergy medicines, such as Reactine®, etc.) 3 to 4 days before the test.• Stop taking maintenance medicines or long acting medicines 24 hours before the test.• Stop taking rescue medicines or quick acting medicines (such as Ventolin®, Bricanyl®, Atrovent®, or Combivent®) 8 hours before the test.• Do not smoke on the day of the test.• Do not eat or drink any foods with caffeine on the day of the test.
For a 6 MINUTE WALK TEST/OXYMETRY WITH EXERCISE TEST:
<ul style="list-style-type: none">• Please wear comfortable shoes with a rubber sole and comfortable clothing.• If you use a walker/cane, or are on home oxygen, please bring these devices with you.
For a BRONCHIAL CHALLENGE (METHOCHOLINE) TEST:
<ul style="list-style-type: none">• Please follow the instructions for Routine Pulmonary Function Test.
For an ARTERIAL BLOOD GAS (ABG) TEST:
<ul style="list-style-type: none">• There is no preparation needed. You may experience mild discomfort during this procedure.
For a HOME OXYGEN ASSESSMENT:
<ul style="list-style-type: none">• The test may involve some walking. Please wear comfortable shoes with a rubber sole and comfortable clothing.• If you use a walker or are on home oxygen, please bring these devices with you.

TO BOOK, CANCEL, RESCHEDULE, OR ASK QUESTIONS ABOUT YOUR TEST, CALL (416) 242-1000 Ext. 47202

(Please be mindful that there is a long waitlist for these tests. If you cannot attend your appointment, please provide 48 hours notice so that we can fill your vacant spot with another patient)