



NORTHUMBERLAND HILLS  
HOSPITAL



FOR NHH USE ONLY

Outpatient Pulmonary Function Requisition

Completed form to be faxed to NHH Lab **905-373-6912**

Referral Date: \_\_\_\_\_

Booking Priority:  ASAP  Next available  
 Book In \_\_\_\_\_

Referring Physician: \_\_\_\_\_  
(please print)

Reason for Referral: \_\_\_\_\_

Existing Diagnosis: \_\_\_\_\_

Hgb Level (done within past 3 mos.): \_\_\_\_\_

Patient Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Health Card #: \_\_\_\_\_ VC \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**PATIENT HISTORY**

Non-smoker  Yes  No

Former smoker  Yes  No

Pack Years \_\_\_\_\_

Present smoker  Yes  No

Pack Years \_\_\_\_\_

Does the patient have a history of:

Asthma  Yes  No

Emphysema  Yes  No

Bronchitis  Yes  No

Pneumonia  Yes  No

Restrictive Lung Disease  Yes  No

Interstitial Lung Disease/Fibrosis  Yes  No

Other pulmonary disorders \_\_\_\_\_

Cardiac disease  Yes  No

(Possible) TB or other infectious diseases  Yes  No

Eye surgery in the past 6 weeks  Yes  No

Previous PFTs performed  Yes  No

When? \_\_\_\_\_

Where? \_\_\_\_\_

Recent chest x-ray  Yes  No

Recent ECHO  Yes  No

Recent cardiac stress test  Yes  No

**MEDICATIONS**

(bronchodilators/anti-inflammatories/oxygen **only**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TESTING REQUIRED**

1. **Complete Pulmonary Function Study**   
(flow-volume loop, pre & post bronchodilator, lung diffusion capacity, lung volumes, resting oximetry)

2. **Spirometry**

3. **Pre/Post Bronchodilator Spirometry**

4. **Lung Volumes & Airway Resistance**

5. **Diffusion Capacity and Transfer Factor**

6. **MIPS/MEPS**   
(maximal inspiratory/expiratory pressures)

7. **Arterial Blood Gases**   
 On room air  On O<sub>2</sub> \_\_\_\_\_ LPM

8. **Home Oxygen Assessment**   
(includes resting and exertional oximetry with oxygen, if required, and/or arterial blood gases on room air)  
 For initial O<sub>2</sub> funding  
 For O<sub>2</sub> funding re-qualification

9. **6 Minute Walk Test**   
 On room air  On O<sub>2</sub> \_\_\_\_\_ LPM

10. **Resting Oximetry**   
 On room air  On O<sub>2</sub> \_\_\_\_\_ LPM

11. **Exertional Oximetry**   
 On room air  On O<sub>2</sub> \_\_\_\_\_ LPM

Physician Signature

Fax Number



**Outpatient Pulmonary Function Requisition**

If you are having a Complete Pulmonary Function Study, Spirometry, Pre/Post Bronchodilator Spirometry, Lung Volumes and Airway Resistance, Diffusion Capacity and Transfer Factor, MIPS/MEPS:

1. Take your inhaled medications as per time frame indicated in the chart on the right
2. Bring all inhalers and spacing devices (chambers) to your appointment
3. Avoid exercise 30 minutes before your test
4. Do not smoke within 1 hour of your test
5. Do not drink coffee within 1 hour of your test
6. Do not eat within 2 hours of your test
7. Do not drink alcohol within 4 hours of your test
8. Wear loose fitting, comfortable clothing

If you are having a Home Oxygen Assessment, 6 Minute Walk Test, Resting Oximetry or Exertional Oximetry:

1. Take your medications as you normally do
2. Remove fingernail polish
3. Bring your portable oxygen
4. Bring your walking aid (cane, walker, etc.)

Airomir	Discontinue <b>6</b> hours prior to test
Atrovent	
Bricanyl Turbuhaler	
Ventolin/Salbutamol	
Combivent Respimat	Discontinue <b>6-8</b> hours prior to test
Advair/Advair Diskus	Discontinue <b>24</b> hours prior to test
Breo Ellipta	
Foradil	
Onbrez Breezhaler	
Oxeze Turbuhaler	
Serevent Diskus	
Symbicort Turbuhaler	
Zenhale	Discontinue <b>24-48</b> hours prior to test
Alvesco	
Arnuity Ellipta	
Asmaex Twisthaler	
Flovent/Flovent Diskus	
Pulmicort Turbuhaler	
QVAR	Discontinue <b>48</b> hours prior to test
Anoro Ellipta	
Duaklir Genuair	
Incruse Ellipta	
Inspiolto Respimat	
Seebri Breezhaler	
Spiriva/Spiriva	
Tudorza Genuair	
Ultibro Breezhaler	

Please arrive 10 minutes before your appointment to allow time for registration. If you are more than 10 minutes late, your appointment may be rescheduled.

If you are unable to keep your appointment, please let us know at least 24 hours in advance.

To book, cancel, or change your appointment, or if you have any questions or concerns, please call NHH Laboratory Services at **905-377-7761**.

NHH is a scent-free hospital. Kindly refrain from wearing scented products.