



**Nanaimo Regional General Hospital**  
**Pulmonary Function Lab and**  
**Community Respiratory Care Centre Requisition**  
  
**Booking: 250.716.7705**  
**Fax: 250.739.5974**

**Must be complete for booking purposes**  
 Name:  
 DOB:  
 PHN:  
 Mailing Address:  
  
 Telephone:

<b>Height:</b>	<b>Weight:</b>	<b>BMI:</b>
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Date Ordred (D/M/Y):	Smoking History(pack years):
Ordering Physician:	History/Indications/Diagnosis:
Preferred Interpreter: or First Available <input type="checkbox"/>	
Copies to:	
Special Considerations: (Language Barrier, etc.)	Relevant Medications:
Infectious Precautions:	

<input type="checkbox"/>	<b><u>Asthma/COPD Education Program</u></b>	
<input type="checkbox"/>	<b><u>Spirometry</u></b> - without bronchodilators	
<input type="checkbox"/>	<b><u>Spirometry</u></b> - before & after bronchodilators	- suspected Asthma or COPD
<input type="checkbox"/>	<b><u>Detailed Pulmonary Function Study</u></b> - Spirometry, Diffusion, Lung Volumes, Plethysmography & Airway Resistance	- suspected restrictive lung disease or abnormal Spirometry
<input type="checkbox"/>	<b><u>Inhalation Challenge</u></b> - assessed by serial flow measurement using methacholine	- suspected Asthma and - normal Spirometry before & after bronchodilators within the last 6 months - Pediatrician consult if < 12 years old
<input type="checkbox"/>	<b><u>Overnight home oximetry</u></b>	- suspected OSA, nocturnal hypoxemia
<input type="checkbox"/>	<b><u>Six-Minute Walk Distance Test</u></b>	- a functional assessment of cardiopulmonary disease (e.g. MRC = 3-5 or NYHA Class 3,4)
<input type="checkbox"/>	<b><u>Arterial Blood Gases</u></b>	- test performed on room air
<input type="checkbox"/>	<b><u>Oximetry at rest with or without oxygen</u></b>	- suspected hypoxemia
<input type="checkbox"/>	<b><u>Inspiratory &amp; expiratory muscle strength</u></b>	- suspected neuromuscular disease

**Physician signature:** \_\_\_\_\_ (Required for MSP)