



Pulmonary Function
COWICHAN DISTRICT HOSPITAL

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Appointment Date/Time:

Thank you for calling your patient

Pt. Name: _____ Pt. Phone: _____ DOB: _____
PHN: _____ Address: _____ Postal Code: _____
Ordering Dr (print): _____ Fax #: _____

Hx (diagnosis, symptoms, etc.): _____

Medications: _____

Allergies: _____

Interpreted Copy of Test to Dr(s): _____

Antibiotic Resistant Organism: Yes No If Yes, what type: _____

Ordering Dr's signature: _____

PHYSICIAN'S OFFICE USE (STAMP, NOTES, ETC.)

TEST REQUIRED (please check):

SPIROMETRY pre/post bronchodilator (1/2 hour test)

BEST TEST for initial assessment and follow up for patients with airways disease, e.g. Asthma, COPD.

Patient must be at least 6 years of age and able to follow therapist instructions/coaching.

COMPLETE PULMONARY FUNCTION TEST (1 hour test)

- For evaluation and follow up of patients with parenchymal lung disease e.g. pulmonary fibrosis, lung CA, drug induced lung disease, chest, cardiac or major abdominal surgery.
- Only a Respiriologist, Pediatrician, or Allergist may order the test for children between the ages of 8 and 12 years.

MIPS/MEPS

- Done to assess respiratory muscle function in patients with neuromuscular disease.

ARTERIAL BLOOD GAS (ABG)

SIX-MINUTE WALK TEST

- For functional assessment of cardio-pulmonary disease. Not an "oximetry" test.

HOME OXYGEN ASSESSMENT

- ABG with oximetry, six-minute walk test, overnight oximetry

OVERNIGHT OXIMETRY

- Level IV Diagnostic for evaluation of sleep disordered breathing.