island health

NORTH ISLAND HOSPITAL - CRG
Respiratory Services

Pulmonary Function Requisition

Only faxed requisitions will be booked.
Please give the original with instructions to the patient who will then be contacted by phone.

Fax : 250-286-7148
Phone: 250-286-7100 ext 67453

Must be completed for booking purposes

Name:

DOB (m/d/y):

PHN:

Mailing Address:

Phone: H_____ W_____

Appointment Date: _____ Time: _____

Ordering Physician (Please print): Billing #:	Copies to:
Brief Clinical History and Indications for Testing: (required)	Indication of Urgency: ☐Routine ☐Urgent Smoking Hx: ☐Yes ☐No
	Relevant Medications: (inhalers, beta-blockers, Amiodarone, Methotrexate, etc)
Allergies: _____	Infectious precautions: □ No □ Yes Specify
Special considerations: (Hearing Deficit, ambulation, etc.)	Supplemental Oxygen: □ No □ Yes Specify

Height: _____
Weight: _____

STANDARD

☐ **Spirometry/Flow volume Loops** (Simple Spirometry without Bronchodilator)
- Screening or follow-up study

☐ **Spirometry/Flow Volume Loops with Bronchodilator** (Pre/Post Spirometry)
- Best test for measurement of reversible airflow obstruction (Asthma, COPD); must be 7years of age
- Oximetry will be added if the FEV1 is < 50% of predicted

SPECIALIZED

☐ **Complete Pulmonary Function Test** (Includes Lung Volumes, Diffusion, Pre/Post Spirometry)
- Unless ordered by an Internist or Pediatrician, patient must be 18 years of age or older
- Oximetry will be added if FEV1 or DLCO is < 50% of predicted

☐ **Methacholine Challenge**
- To be ordered by Internists, Respirologists, Allergists, and Military physicians only
- Must not have poorly controlled HTN or recent MI (within 3 months)
- Must have had a normal pre/post spirometry (within 6 months) - include reports from accredited facility

☐ **MIPS/MEPS**
- To assess respiratory muscle function

GAS EXCHANGE

☐ **Arterial Blood Gases**
- ☐ Room air
- ☐ Oxygen _____l/min

OXIMETRY

- ☐ 6 Minute Walk Test
- ☐ At Rest
- ☐ Overnight

Physician Signature _____ Date _____
(Required for MSP)