



UHN

Toronto General
Toronto Western
Princess Margaret
Toronto Rehab

Addressograph

PULMONARY FUNCTION LABORATORY ROUTINE TEST REQUEST

All Requisitions Should Be Completed And Sent To:

PULMONARY FUNCTION LABORATORY

Toronto General Hospital

200 Elizabeth Street

10 Norman Urquhart-1015

Telephone: (416) 340-4086 Fax: (416) 340-3899

☐ In Patient _____ Unit

☐ Out Patient

(Please check ☒ appropriate boxes below.)

Appointment Date: _____ Appointment Time: _____

Referring Physician: _____ Phone No: _____

Address: _____ Fax No: _____

PREVIOUS RESPIRATORY FUNCTION TEST? ☐ YES ☐ NO

Diagnosis/Comments

REASON FOR TEST

☐ Diagnosis

☐ Follow up

☐ Pre-Surgical Assessment (specify: _____)

ROUTINE STUDIES:

☐ Spirometry

☐ Spirometry After Bronchodilator

☐ Lung Volume Measurement

☐ Diffusion Capacity _____ Hb _____ Date

☐ Oxygen Saturation At Rest

☐ Complete Study (Includes all routine studies)

☐ INDEPENDENT EXERCISE ASSESSMENT FOR HOME OXYGEN (IEA)

Out Patients : Arterial Blood Gas on Room Air if required

In Patients: See reverse for instructions

OTHER TESTS REQUIRED:

☐ Methacholine (Includes Lung Volumes /Diffusion Capacity)

☐ Maximum Inspiratory & Expiratory Pressures

Arterial Blood Gas: ☐ On Room Air ☐ On Oxygen _____ L/min

Six Minute Walk* - assessment of functional capacity

☐ On Room Air

☐ On Oxygen _____ L/Min

* In patients - test must be ordered by Respiriology/Thoracic/Cardiology

SMOKER:

☐ Present Smoker

☐ Ex-Smoker

☐ Never Smoker

CLINICAL INFORMATION:

Does Treatment Include:

Bronchodilator

☐ Yes

☐ No

Steroids

☐ Yes

☐ No

Possible TB

☐ Yes

☐ No

MRSA

☐ Yes

☐ No

Other Infectious Disease

☐ Yes

☐ No

IN PATIENT CONTRAINDICATIONS

1. Unable to follow instructions

2. Vital Signs differ from the baseline by 20%

3. Active TB

4. Pneumothorax within 4 weeks

5. Eye surgery within 6 weeks

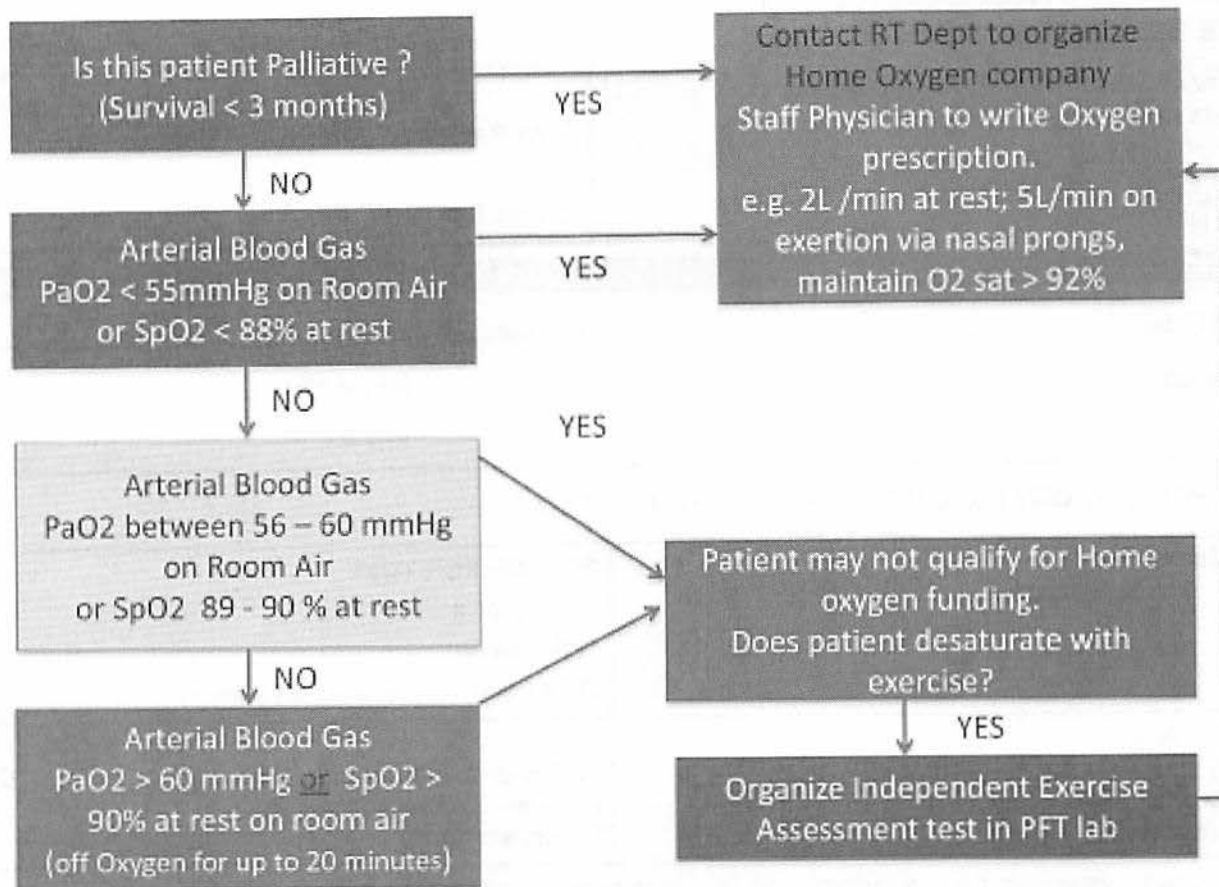
6. Hemoptysis within 2 weeks (relative)

7. Acute myocardial infarction within 1 week

8. Unable to self transfer (relative)

Physician Signature: _____ Date: _____

Home Oxygen Algorithm



For more detailed review see UHN Policy 12.040.020

Falls Prevention 6 minute walk test

1. All patients must have been given advance notification of a 6 minute walk test to facilitate the correct clothing attire and footwear on the day of the test.
2. The booking clerk, assistant, physician must inform the patient 1) of the 6MWT and 2) the need for suitable clothing and 3) the need for suitable footwear, (e.g. no sandals, no flip flops, no high heels) 4) the need to bring mobility aids, (e.g. cane, walker).
3. Due to concerns regarding patient safety, those who are not suitably attired or have unsuitable shoes will not be allowed to proceed with the test.