

Get your life back.

Respiratory Diagnostic & Evaluation Services

82 Buttonwood Avenue, Toronto ON M6M 2J5
Tel: (416) 243-3631 Fax: (416) 243-3696
www.westpark.org

Referring MD: _____ Ref.# _____
Address: _____
Tel: _____ Fax: _____
Signature: _____

PFT ONLY
 PFT and Consult

Clinical Diagnosis: _____

Reason for Test(s): Diagnosis Follow-up Research Other
Previous PFTs at WPHC? Yes No

Previous Hospital Admission with Isolation Precautions? No Yes Organism/Disease: _____

ROUTINE PULMONARY FUNCTION TESTS

Flow Volume Loop (FVL) + supine
 Full Series (FVL, DLCO, Box) + MIP & MEP
 Repeat after bronchodilator (4 puffs salbutamol)
 MIP & MEP
 Other: _____
 Medications: _____

SPECIAL PROCEDURES

Stage 1 Exercise (Cardiopulmonary Exercise Test - CPET) includes FVL and 12 lead ECG
 Exercise induced asthma - includes FVL pre/post CPET (EIA)
 Endurance Exercise Cycle Test (constant power to symptom limitation) intervention assessment (requires recent CPET)
 Endurance constant speed walk test (CSWT) to symptom limitation +/- Supplemental O₂ (CSWT +/- O₂)
J334 (CSWT +/- O₂) - Home Oxygen Program application includes single blind CSWT on O₂ and on R/A
 Other: _____
Medications: _____

Laboratory use only

Appointment Date: _____ Time: _____ Out-patient In-patient

<input type="checkbox"/> J304 (FVL – pre)	<input type="checkbox"/> J315 (Stage I)
<input type="checkbox"/> J327 (FVL – post)	<input type="checkbox"/> J322 (VO ₂ /VCO ₂)
<input type="checkbox"/> J310 (DLCO)	<input type="checkbox"/> J330 (EIA)
<input type="checkbox"/> J307 (Box FRC)	<input type="checkbox"/> E451 (Stage I + ECG)
<input type="checkbox"/> J306 (Box Raw)	<input type="checkbox"/> E450 (GXT + FVL)
<input type="checkbox"/> J340 (MIP & MEP)	<input type="checkbox"/> J332 (SXT +/- O ₂)
<input type="checkbox"/> J323 (SaO ₂)	<input type="checkbox"/> J334 (CSWT +/- O ₂ ≥ 2 levels of O ₂)