

Respiratory Evaluation Services

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www.westpark.org

Referring MD: _____ Date: _____ 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 ☐ Repeat after bronchodilator (4 puffs salbutamol)

☐ Full Series (FVL, DLCO, Box)

☐ Diffusing Capacity (DLCO)

☐ MIP & MEP ☐ Peak Cough Flow

☐ 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) J336 (CSWT +/- O₂) - Home Oxygen Program application includes single blind CSWT on O₂ and on R/A

☐ PT assess/treat (6MWT) _____

Medications: _____

Laboratory use only Falls risk: + - NA

Appointment Date: _____ Time: _____ ☐ OP ☐ IP ☐ IP24hr

☐ J304 (FVL - pre)

☐ J327 (FVL - post)

☐ J310 (DLCO)

☐ J307 (Box FRC)

☐ J306 (Box Raw)

☐ J340 (MIP & MEP)

☐ J323 (SaO₂)

☐ J315 (Stage I)

☐ J322 (VO₂/VCO₂)

☐ J330 (EIA)

☐ E451 (Stage I + ECG)

☐ E450 (GXT + FVL)

☐ J332 (SXT +/- O₂)

☐ J336 (Exercise on R/A & O₂)