



Name: _____
 Male Female
 MRN : _____
 DOB: _____
 Address: _____
 Telephone: _____
 OHIP #: _____

PULMONARY FUNCTION CONSULTATION

St. Joseph's Health Centre Phone Line: 416-530-6015
 East Wing, Room 1E-132 Fax Line: 416-530-6702
 30 The Queensway, Toronto ON Page 1 of 1

INCOMPLETE FORMS WILL BE RETURNED AND NOT PROCESSED

Pre-Op Patient Outpatient ACC Urgent Outpatient (within 72 hours)

FULL PULMONARY FUNCTION TESTS

Includes Spirometry/Flow Volume Loop, Lung Volumes, Diffusion Capacity, SpO₂ at rest
 Bronchodilator administered if obstructed

Spirometry only Lung Volumes/Plethysmography only Bronchodilator not to be given
 Pre & Post Bronchodilator Spirometry only Diffusion Capacity only SpO₂

EXERCISE TESTING *Wear comfortable footwear

SpO₂ On Exertion Exercise Oxygen Assessment for Home Oxygen
 Six Minute Walk Test ABG and Exercise Oxygen Assessment for Home Oxygen
 Cardio-Pulmonary Stress Test Exercise Induced Asthma Test (if Methacholine Challenge negative)

OTHER

Methacholine Challenge Arterial Blood Gas (ABG)
 Maximal Inspiratory/ Expiratory Pressure (MIP/MEP)

****Methacholine Challenge testing is NOT booked on the same day as Routine Pulmonary Function testing****
****Methacholine preparation:-**No short-acting bronchodilators 8 hours prior to test. No long-acting bronchodilators, steroids or antihistamines 48 hours prior to test. No anticholinergics/montelukast 24 hours prior to test. Test not done during pregnancy or while breastfeeding.

CLINICAL HISTORY/REASON FOR TEST

ADDITIONAL INFORMATION

Falls Risk Lifting Device Required Patient with Restraints (must be accompanied)
 Isolation Precautions: Contact Droplet Airborne
 Does Patient Consent to Appointment Information Being Disclosed in a Telephone Message? Yes No
 Is Patient Able to Come in on Short Notice? Yes No
 Contact Telephone Number: _____

REQUESTING PHYSICIAN

Address: _____ City: _____ Postal Code: _____
 Telephone Number: _____ Fax: _____ CPSO #: _____
 Copy to: _____ MD (Physician's Printed Name)

DATE/TIME	SIGNATURE	PRINT NAME
DD / Month / YYYY ____:____h		