

North Bay Regional Health Centre

Cardiac Respiratory Services Pulmonary Function Referral Form



Please call 705-474-8600 ext. 4531 to book an appointment and fax form to 705-495-8116

Patient Name: _____ Date of Birth: _____

Address: _____

Telephone: (Home) _____ (Cell) _____

Referring Physician: _____ OHIP: _____

Indication for test:

Asthma COPD Cough Pulmonary Fibrosis SOB Pre Op OTHER: _____

Pulmonary Function Testing:

Post bronchodilator spirometry with 4 puffs of salbutamol is performed if normal criteria are not met

- Full Pulmonary Function Test** (spirometry, lung volumes, DLCO)
 PRE/POST Spirometry (only)

Other procedures and tests:

Arterial Blood Gas (ABG)

Note: For home oxygen assessment, please provide patient with NBRHC out-patient lab requisition for room air ABG, and obtain exertional oximetry from home oxygen provider if indicated.

Six Minute Walk test

Ordered by Respiriologist/ Pediatrician/Internist ONLY:

- Independent exercise assessment (IEA)**
 Methacholine Challenge Test (inhale aerosol to assess airway hyper- responsiveness)

Referrals: (Please forward all relevant health history and information with referral)

- Breathing Clinic** (*for suspected or confirmed COPD*). Includes Respirologist consult, COPD assessment, diagnostic testing, and education.
- Education (Asthma and/or COPD)** (All Ages). Medication/inhaler teaching, exacerbation recognition and avoidance, triggers etc. **** Does not include Respirologist referral. Unable to provide diagnosis or prescribe medications.**
- Respirology** Adults only. (*For respiratory concerns not related to COPD*).

Date: _____ Physician Signature: _____

Physician Print: _____