

# North Bay Regional Health Centre

## Cardiac Respiratory Services Pulmonary Function Testing Referral Form

**Please fax form to 705-495-8116 for appointment booking**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Referring Physician: \_\_\_\_\_ OHIP: \_\_\_\_\_

### **Indication for Testing – Required to book test**

Asthma  COPD  Cough  Pulmonary Fibrosis  SOB  Pre Op  OTHER: \_\_\_\_\_

### **Pulmonary Function Testing:**

- Spirometry (Age 6 and up)**
  - Helps to diagnose and differentiate between Asthma, COPD and Interstitial Lung Disease
- Full Pulmonary Function Test (Age 12 and up)**
  - Most helpful once lung disorder has been established via spirometry. Includes spirometry, lung volumes, and diffusion testing

**Note:** Post bronchodilator spirometry may be performed on above tests at discretion of PFT lab

### **Maximal Inspiratory Pressure/Maximal Expiratory Pressure (MIPS/MEPS)**

- To assess respiratory muscle strength in presence of neuromuscular disease/disorder

### **Challenge Testing for Asthma – Ages 12 and up**

- Methacholine Challenge Test**
  - To assess airway hyper-responsiveness in the presence of normal spirometry
- Mannitol Challenge Test**
  - To assess exercised induced bronchoconstriction in the presence of negative methacholine

### **Other procedures and tests:**

- Six Minute Walk test**
  - Used to help determine exercise tolerance with a scored walk
- Independent exercise assessment (IEA)**
  - For exertional home oxygen assessment
- 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.

Date: \_\_\_\_\_ Physician Signature: \_\_\_\_\_  
Physician Print: \_\_\_\_\_