

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: _____