

REFERRAL FORM FOR SPIROMETRY TESTING

PATIENT INFORMATION

Patient's Name: _____ Address: _____
M/F NUMBER STREET APARTMENT

Date of Birth: _____
YYYY MM DD CITY PROVINCE POSTAL CODE

Health Card #: _____ Telephone #: _____
OHIP # VERSION CODE

Emergency Contact: _____ Telephone #: _____

Referring Physician: _____ Physician Billing No.: _____

REASON FOR TEST

Pre/Post Spirometry will be performed (400 mcg. of salbutamol will be administered)

- Diagnosis (patient to withhold all inhalers for 24 hrs.)
- Follow up (no need to withhold inhalers - diagnosis already confirmed by spirometry)

RELATIVE CONTRAINDICATIONS

- Recent Surgery within 4 weeks
- Pregnant (Third Trimester)
- Hypertension (Systolic 7200, Diastolic 7120)
- Unstable Cardiac Status
- Active Infection Concerns
- Aneurysm- Cerebral, thoracic, abdominal
- Active Hemoptysis
- Pneumothorax (within 1 month)
- M.I. within 1 month
- Recent Cataract Surgery (within 3 months)
- Other

PATIENT INSTRUCTIONS

PLEASE AVOID

- Smoking (within 1 hour of testing)
- Consuming alcohol within 4 hours of testing
- Vigorous exercise within 30 minutes of testing
- Restrictive clothing
- Eating a large meal within 2 hours of testing

Patients with an acute respiratory infection should be asked to reschedule.

**If withholding, patients are instructed to take their
rescue inhaler if needed for immediate relief.**

PLEASE FAX COMPLETED FORM TO 613-961-7557