



**NORTH ISLAND HOSPITAL - CVH
Respiratory Services**

Pulmonary Function Requisition

Only faxed requisitions will be booked.
Please give the original with instructions to the patient who will then be contacted by phone.

Fax : 250-331-5904
Phone: 250-331-5900 ext 65390

Must be completed for booking purposes

Name: _____

DOB (m/d/y): _____

PHN: _____

Mailing Address: _____

Phone: H _____ W _____

Appointment Date: _____ **Time:** _____

Ordering Physician (Please print): Billing #:	Copies to:
Brief Clinical History and Indications for Testing: (required)	Indication of Urgency: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent Smoking Hx: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Relevant Medications: (inhalers, beta-blockers, Amiodarone, Methotrexate, etc)
Allergies: _____	Infectious precautions: <input type="checkbox"/> No <input type="checkbox"/> Yes Specify
Special considerations: (Hearing Deficit, ambulation, violence alert, etc.)	Supplemental Oxygen: <input type="checkbox"/> No <input type="checkbox"/> Yes Specify

Height: _____
Weight: _____

STANDARD

- Spirometry/Flow volume Loops** (Simple Spirometry without Bronchodilator)
 - Screening or follow-up study
- Spirometry/Flow Volume Loops with Bronchodilator** (Pre/Post Spirometry)
 - Best test for measurement of reversible airflow obstruction (Asthma, COPD); must be 7 years of age
 - Oximetry will be added if the FEV1 is < 50% of predicted

SPECIALIZED

- Complete Pulmonary Function Test** (Includes Lung Volumes, Diffusion, Pre/Post Spirometry)
 - Unless ordered by an Internist or Pediatrician, patient must be 18 years of age or older
 - Oximetry will be added if FEV1 or DLCO is < 50% of predicted
- Methacholine Challenge**
 - To be ordered by Internists, Respiriologists, Allergists, and Military physicians only
 - Must not have poorly controlled HTN or recent MI (within 3 months)
 - Must have had a normal pre/post spirometry (within 6 months) - include reports from accredited facility
- MIPS/MEPS**
 - To assess respiratory muscle function

GAS EXCHANGE

- Arterial Blood Gases**
 - Room air
 - Oxygen _____ l/min

OXIMETRY

- 6 Minute Walk Test
- At rest
- Overnight

Physician Signature _____ **Date** _____
(Required for MSP)