



### PATIENT INFORMATION

Days of Operation vary by Location

LAST NAME \_\_\_\_\_ PHN/ULI \_\_\_\_\_

FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_ EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK/CELL PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

### REQUISITION FOR

Refer to Preparation Instructions on Reverse

- Complete Pulmonary Function Test \*# (see below)
- Spirometry \*# (see below)
- Pulmonary Consult (Edmonton area only)
- Arterial Blood Gas (St. Albert & Edmonton Kingsway only)
- COPD / Asthma Education

Please fax the completed form to 780-569-5212 or 1-888-512-5067. We will contact the patient for booking.

### SYMPTOMS / CURRENT HISTORY

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Dyspnea       | <input type="checkbox"/> Fibrosis  |
| <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> COPD      |
| <input type="checkbox"/> Wheeze        | <input type="checkbox"/> Infection |
| <input type="checkbox"/> Asthma        | <input type="checkbox"/> CHF       |
| <input type="checkbox"/> Other         |                                    |

### CLINIC & REFERRING PHYSICIAN

Referring Doctor \_\_\_\_\_ Dr. Signature \_\_\_\_\_

Referring Doctor PRAC ID \_\_\_\_\_ Date \_\_\_\_\_

Clinic Name \_\_\_\_\_

Clinic Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Edmonton - SW (Windermere Gate Plaza)

6283 Andrews Loop SW  
T6W 3G9  
Tel: 780-250-4449

#### Edmonton - SE (Millbourne Mall)

3699 Millwoods Road  
#330, Tower 2  
T6K 3L6  
Tel: 780-250-4449

#### Edmonton - Central (Kingsway Mews)

10515 Kingsway Ave  
T5H 4K1  
Tel: 780-250-4299

#### St. Albert

(Giroux Crossing)  
#130, 5 Giroux Road  
T8N 6J8  
Tel: 780-569-3332

#### Fort Saskatchewan (Ross Creek Prof.)

#204, 10101-86 Ave  
T8L 0T6  
Tel: 780-666-5681

Accredited with



\* If possible, patient should avoid taking any short acting broncho-dilators for 4 hours prior testing.

# If possible, patient should avoid taking any long acting broncho-dilators for 12 hours prior testing.

**All Examinations** Please bring your health insurance and another piece of identification with this form.

## Patient Exam preparation instructions

### Before Your Test:

- Continue with your medications if you do not think you can go without them.
- Please tell the respiratory therapist if you have taken your medications before starting your test.

### If possible, do not take:

- Short-acting bronchodilators (e.g., Ventolin, Atrovent, Berotec, Airomir) for at least 4 hours prior to the start of your test.
- Long-acting bronchodilators (e.g., Serevent, Oxeze, Foradil, Advair or Symbicort) for at least 12 hours prior to the start of your test.
- For Spiriva (Tiotropium), it should be withheld for 24 hours.

Also, please do not drink caffeinated beverages prior to your pulmonary function test. Also, please do not smoke one hour prior to your test.

### You can continue to take:

Anti-inflammatory medications: (e.g., Beclovent, Qvar, Vanceril, Bronalide, Pulmicort, Prednisone, Flovent)

Duration of the test is expected to be from 30 minutes to 1 hour.

### You should not have a Pulmonary Function Test if you had:

- Pneumothorax (collapsed lung) within the last four weeks.
- Eye surgery, including laser surgery, within the last four weeks.
- Surgery of the thorax (chest) or abdomen in the last four weeks
- Unstable cardiovascular disease (angina, heart attack, etc.).

**Please alert** the Respiratory Therapist if you ever had a thoracic, abdominal, or cerebral aneurysm (burst vessel) or have a chronic disease such as diabetes, epilepsy, etc.