

Respiratory Diagnostic & Evaluation Services

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 www.westpark.org

Referring MD: _____ Ref.# _____

Address: _____

Tel: _____ Fax: _____

Signature: _____

<input type="checkbox"/> PFT ONLY
<input type="checkbox"/> PFT and Consult

Clinical Diagnosis: _____

Reason for Test(s): Diagnosis Follow-up Research Other
 Previous PFTs at WPHC? Yes No

Previous Hospital Admission with Isolation Precautions? No Yes Organism/Disease: _____

ROUTINE PULMONARY FUNCTION TESTS

- Flow Volume Loop (FVL) + supine
- Full Series (FVL, DLCO, Box) + MIP & MEP
- Repeat after bronchodilator (4 puffs salbutamol)
- MIP & MEP
- Other: _____
- Medications: _____

SPECIAL PROCEDURES

- Stage 1 Exercise (Cardiopulmonary Exercise Test - CPET) includes FVL and 12 lead ECG
 - Exercise induced asthma - includes FVL pre/post CPET (EIA)
 - Endurance Exercise Cycle Test (constant power to symptom limitation) intervention assessment (requires recent CPET)
 - Endurance constant speed walk test (CSWT) to symptom limitation +/- Supplemental O₂ (CSWT +/- O₂)
 J334 (CSWT +/- O₂) - Home Oxygen Program application includes single blind CSWT on O₂ and on R/A
 - Other: _____
- Medications: _____

Laboratory use only

Appointment Date: _____ Time: _____ Out-patient In-patient

- | | |
|---|---|
| <input type="checkbox"/> J304 (FVL – pre) | <input type="checkbox"/> J315 (Stage I) |
| <input type="checkbox"/> J327 (FVL – post) | <input type="checkbox"/> J322 (VO ₂ /VCO ₂) |
| <input type="checkbox"/> J310 (DLCO) | <input type="checkbox"/> J330 (EIA) |
| <input type="checkbox"/> J307 (Box FRC) | <input type="checkbox"/> E451 (Stage I + ECG) |
| <input type="checkbox"/> J306 (Box Raw) | <input type="checkbox"/> E450 (GXT + FVL) |
| <input type="checkbox"/> J340 (MIP & MEP) | <input type="checkbox"/> J332 (SXT +/- O ₂) |
| <input type="checkbox"/> J323 (SaO ₂) | <input type="checkbox"/> J334 (CSWT +/- O ₂ ≥ 2 levels of O ₂) |