

SPIROMETRY REFERRAL FORM COPD/ASTHMA/OTHER SCREENING

APPT DATE: _____ TIME: _____
PATIENT NAME: _____ DOB: _____
PHN: _____ PHONE: _____
DIAGNOSIS: _____
TRANSLATION SERVICE REQUIRED? YES / NO SPECIFY _____
INFECTION PRECAUTIONS? YES/NO SPECIFY _____
DATE: _____ ORDERING PHYSICIAN _____
CC: _____ FAMILY PHYSICIAN: _____
CC _____ BILLING NUMBER: _____

SPIROMETRY (check required test)

SUGGESTED INITIAL TESTING (Confirmation Of Diagnosis)

- Pre and Post bronchodilator
Includes flow/volume loops

HISTORY:

*If more detailed testing is required, please refer to the respiratory services outpatient requisition

Physician Signature: _____

PATIENT INSTRUCTIONS What do I have to do before this test?

Please arrive 15 minutes prior to your appointment
Avoid a heavy meal 2 hours prior to test
Avoid smoking 4 hours before a test
Avoid vigorous exercise 1 hour before a test
Avoid alcohol 4 hours prior to test
Avoid wearing clothing that restricts the chest and abdomen
Do not wear fragranced products (perfume, cologne, shower gels etc)

Withhold medications (if possible) as follows:

Short Acting Inhalers	Ventolin, Salbutamol, Bricanyl, Airomir, Berotec	4 hours before test
Medium Acting Inhalers	Atrovent	4 hours before test
Long Acting Inhalers	Oxeze, Serevent, Symbicort, Advair, Foradil Spiriva, Singulair, Accolate	12 hours before test
Theophylline Therapy	Once daily	12 hours before test
Inhaled Steroids	Flovent, Pulmicort, QVAR, Beclomethazone	Take as usual