



### Respirology & Pulmonary Function Test Referral

Patient Name: \_\_\_\_\_ HCN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Reason for Referral:

- New Referral to Respirology (will automatically include Complete PFT)
- New Complete Pulmonary Function Test Only
  - Include Pre and Post Spirometry
- Follow Up Complete Pulmonary Function Test
  - Date Follow Up Testing required: \_\_\_\_\_

#### Brief Patient History:

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#### Does the patient smoke?

- Yes
- No

#### Current Respirology Medications (list or attach list with referral):

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Referring Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Main MRHA Booking: 613-253-3803

#### Office Use only

Date Test Booked: \_\_\_\_\_ Date Results sent to ordering Physician: \_\_\_\_\_  
Date Uploaded: \_\_\_\_\_

## Pulmonary Functionary Testing

Your doctor has ordered a **Pulmonary Function Test (PFT)**. The Pulmonary Function Test consists of individual breathing maneuvers that measure how well your lungs are working. The results vary depending upon patient effort. You will be coached to obtain the best results.

During the test you will be given a bronchodilator and then a portion of the test will be repeated. This assesses your lungs' response to medication. Your test results will be interpreted by our Respirologist and forwarded to your family doctor when complete.

### **Preparing for the Pulmonary Function Test:**

- Hold" rescue" short acting puffers/inhalers for (4) hours prior to test unless ABSOLUTELY necessary (Ventolin, Bricanyl, Atrovent, Airomir, Combivent)
- Hold all other puffers/inhalers the day of the test unless advised differently by your Physician
- Continue to take all other prescription medications as ordered
- Do not smoke (4) hours prior to test
- Wear loose, comfortable clothing that does not restrict your breathing
- No vigorous exercise prior to testing
- Please bring a list of your current medications including over the counter medications
- If you develop cold/flu like symptoms within (48) hours prior to test please call to reschedule 613-253-3803

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### **Your Appointment is at:**

Carleton Place and District Memorial Hospital Ambulatory Care Clinic (First Floor)

211 Lake Ave. E. Carleton Place, ON, K7C 1J4

***Please arrive 15min prior to your appointment to register.***

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**Please call if you are unable to make your appointment so we may schedule another patient.**

Booking Department: 613-253-3803