



MOUNT SINAI HOSPITAL
Division of Cardiology
Department of Respiratory Therapy
Phone: 416-586-4800 ext 4473
Fax: 416-586-4507

Patient Information

Cost Centre : 1900-1950-714354200

REQUISITION FOR EXERCISE STUDIES

Attending Physician: _____
Referring Physician: _____ Phone # _____
Fax #: _____

<u>DIAGNOSIS CODE</u> (for the referring physician to fill-out)				
<input type="checkbox"/>	786	Dyspnea of unknown circumstances	<input type="checkbox"/>	496 COPD
<input type="checkbox"/>	515	Interstitial Lung Disease	<input type="checkbox"/>	135 Sarcoidosis
<input type="checkbox"/>	494	Bronchiectasis	<input type="checkbox"/>	492 Emphysema
<input type="checkbox"/>	466	Acute Bronchitis	<input type="checkbox"/>	518 Atelectasis
<input type="checkbox"/>	494	Chronic Bronchitis	<input type="checkbox"/>	785 Chest pain
<input type="checkbox"/>	515	Pulmonary Fibrosis	<input type="checkbox"/>	486 Pneumonia
<input type="checkbox"/>	428	Heart Failure	<input type="checkbox"/>	493 Asthma
<input type="checkbox"/>	519	Other: (Lung disease of the respiratory system)		

<u>PHYSICIAN:</u>			
Resting ECG:	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	
Is patient on anticoagulants:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are there any impediments or contraindications to exercise?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<input type="checkbox"/>	Ambulatory OHIP
<input type="checkbox"/>	J315, 322, E450. Ex. Stage 1, full routine.
<input type="checkbox"/>	J304 Flow Volume Loop
<input type="checkbox"/>	A608A Partial Visit
<input type="checkbox"/>	E078A Premium for Partial Visit

COMMENTS: _____

Physician Signature: _____ Date: _____

Appointment Date: _____ Time: _____

Fax Requisition to the Pulmonary Function Lab (416-586-4507). Our office will contact the referring doctor by fax with the appointment information. You must notify your patient(s) with the appointment information.

Patients will report to Mount Sinai Hospital, 4th floor, room 474, University Avenue, Toronto, Ontario, M5G 1X5. Please instruct patients to wear comfortable clothing and footwear. The test will be performed on a cycle ergometer.