

Clearly imprint patient identification card

All requisitions should be completed and sent to:

Pulmonary Function Laboratory
Mount Sinai Hospital
600 University Avenue, 4th Floor, Room 474
Toronto, Ontario MSG 1X5
Telephone (416) 586-4473 • Fax (416) 586-4507

Appointment date <YYYY, MM, DD> _____ Appointment time <HH:MM> _____

Referring Physician _____ Telephone (____) _____

Address _____

Diagnosis/Comments _____

Routine Studies (please check)

- Spirometry
- Spirometry after Bronchodilator
- Lung Volume Measurement

- Diffusion Capacity
- Oxygen Saturation at Rest
- Complete Study (includes all of the above)

Other Tests Required (please check)

- Bronchial Challenge (Methacholine)
- Arterial Blood Gas on Room Air
- Arterial Blood Gas on Oxygen _____ L/Min

- Maximal Inspiratory and Expiratory Pressures
- Oxygen Saturation at Rest
- Six-minute Walk

Ex-Smoker Stopped _____ years ago

General Asthma Education- Patient must have a diagnosis of asthma (Includes: Medication device technique, triggers, recognizing signs and symptoms, avoidance strategies, environmental control, smoking information and action plan)

General COPD Education (Includes: medication device technique, taking medication as prescribed, breath control and conservation of energy, and smoking cessation support)

Smoking Cessation Program (Includes: Individual counselling sessions with a therapist specializing in NRT education, coping strategies, and goal-oriented quit and/or reduction strategies)

Please Note: This clinic does not prescribe/offer Nicotine Replacement Therapy

Clinical Information

Does treatment include:

Bronchodilator Yes No

Steroids Yes No

Possible Tb Yes No

Other Infectious disease Yes No

If YES, Please give details _____

Reason for Test (Please check **one item only**)

- Diagnosis
- Medical Follow up
- Pre-Surgical Assessment*
- Surgical Medical Follow-Up
- Medical Legal
- Other _____

*Please state which surgery _____

Previous Pulmonary Function Tests? Yes No

Please ensure Requisition has been signed

Physicians Signature

Date (YYY, MM, DD)