



All Sites and Facilities

Pulmonary Diagnostics Requisition

Page 1 of 2

Last Name:			
First Name (Preferred Name):			
Encounter number:	NH Number:	Chart Created: Y/N	
Date of Birth:	Gender:	Age:	Encounter Type:
Responsibility for Payment:		PHN:	
Primary Care Physician/Attending Physician:			

PATIENT LABEL

Patient Information		
Name:	Address:	
Contact Phone:	PHN:	MRN/NHA#:
Email:	DOB (DD/MM/YYYY):	
Sex at Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender Identity: <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Binary	
Language Interpreter Required: <input type="checkbox"/> No <input type="checkbox"/> Yes, please list preferred language:		
Allergies:		
Inhaled Medications:		
Reason for Referral (must be included):		
Referring Physician/NP Information		<input type="checkbox"/> Referring from outside of NHA
Referring Physician/NP:	Office Fax:	
Family Physician/NP:	Office Phone:	
Copies to Physician/NP:	Previous Testing Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Routine <input type="checkbox"/> Urgent (within 30 days) Indication of Urgency:		
Provisional Diagnosis/Pertinent Medical History:		
Infectious Precautions: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason:		
Signature:	Date:	MSP#:
Select Test Type below and Testing Site on reverse page		
Test Type (*Only available at UHNBC)	Test Specifics/Information	
<input type="checkbox"/> Spirometry Pre and Post Bronchodilator Initial/follow up testing for COPD or Asthma Diagnosis	Must be older than 6 years and able to follow instructions	
<input type="checkbox"/> Spirometry without Bronchodilator	No medication given	
<input type="checkbox"/> Detailed Pulmonary Function Test* <i>Requires one of the listed indications for testing unless referred by a Respiriologist, Internal Medicine, Thoracic Surgeon, Pediatrician or Allergist. Children 12 to 18 years must be referred by Respiriologist, Pediatrician or Allergist.</i>	Indications for testing: <input type="checkbox"/> Abnormal spirometry <input type="checkbox"/> Suspected restriction <input type="checkbox"/> Suspected ILD <input type="checkbox"/> Pre-operative thoracic surgery <input type="checkbox"/> Pre-pneumotoxic medication <input type="checkbox"/> Lung Cancer <input type="checkbox"/> Pre-transplant <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Respiratory Muscle Function Test*	<input type="checkbox"/> MIP/MEP <input type="checkbox"/> SVC <input type="checkbox"/> Spirometry Sitting and Supine (no medication given)	
<input type="checkbox"/> Methacholine Challenge Test* All requests are reviewed by Medical Director	Required: • 17 years and older with a suspicion of Asthma • Previous normal spirometry in last 12 months • Consent form completed by referring physician and patient: Methacholine Challenge Test Consent Form 11-300-1007	
<input type="checkbox"/> Arterial Blood Gas	<input type="checkbox"/> Room air <input type="checkbox"/> Oxygen _____ lpm	
Oxygen Saturation Studies: <input type="checkbox"/> Resting Saturation Study <input type="checkbox"/> Exercise Desaturation Study (<i>Ambulatory Home Oxygen Assessment</i>) <input type="checkbox"/> Six Minute Walk Test (<i>Functional Distance Assessment</i>) <input type="checkbox"/> Overnight Oximetry	<input type="checkbox"/> Room air <input type="checkbox"/> Oxygen _____ lpm <input type="checkbox"/> CPAP _____ cmH2O <input type="checkbox"/> BiLevel: IPAP: _____ cmH2O EPAP: _____ cmH2O	
<input type="checkbox"/> Asthma Education <input type="checkbox"/> COPD Education	Requires a confirmed diagnosis	

Office Use Only: Patient Availability

Appointment Site: Short Notice Availability: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date/Time:	Dates Patient is Unavailable:
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Encounter number: NH Number: Chart Created: Y/N

Date of Birth: Gender: Age: Encounter Type:

Responsibility for Payment: PHN:

Primary Care Physician/Attending Physician:

PATIENT LABEL

Pulmonary Diagnostic Testing Sites:	
Select preferred testing site	Tests and Services Available
<input type="checkbox"/> Dawson Creek and District Hospital Phone: 250-782-8501 Ext: 742255 Fax: 250-795-6201	Spirometry, Oxygen Saturation Studies, ABG
<input type="checkbox"/> Fort St. John Hospital Phone: 250-261-7499 Fax: 250-261-7644	Spirometry, Oxygen Saturation Studies, ABG, Asthma and COPD Education
<input type="checkbox"/> Fraser Lake Community Health Center Phone: 250-567-6440 Fax: 250-567-2909	Spirometry (tests are booked out of St. John Hospital in Vanderhoof)
<input type="checkbox"/> G.R. Baker Memorial Hospital (Quesnel) Phone: 250-991-7588 Fax: 250-992-3708 for Spirometry/ABG 250-983-6843 for Asthma/COPD education	Spirometry, ABG, Asthma/COPD Education
<input type="checkbox"/> Kitimat General Hospital Phone: 250-632-8331 Fax: 250-632-8697	Spirometry
<input type="checkbox"/> Mills Memorial Hospital (Terrace) Phone: 250-638-4046 Fax: 250-638-4020	Spirometry, Oxygen Saturation Studies, ABG
<input type="checkbox"/> Prince Rupert Regional Hospital Phone: 250-622-6271 Fax: 250-622-6519	Spirometry, ABG, Asthma and COPD Education
<input type="checkbox"/> St. John Hospital (Vanderhoof) Phone: 250-567-6240 Fax: 250-567-2909	Spirometry
<input type="checkbox"/> UHNBC (Prince George) Phone: 250-645-6314 Fax: 250-565-2527	Spirometry, Detailed PFT, Respiratory Muscle Function Testing, Methacholine Challenge Testing, Oxygen Saturation Studies, ABG
<input type="checkbox"/> Wrinch Memorial Hospital (Hazelton) Phone: 250-842-4442 Fax: 250-842-4609	Spirometry

Patient Information:

- Report to location 15 minutes prior to appointment with your personal health care card.
- Please do not wear fragrances, all facilities are scent free areas.
- Do not wear clothing that restricts full chest/abdominal expansion, also wear comfortable footwear.

Patient Instructions: prior to spirometry, and detailed pulmonary function testing:

30 minutes	No vigorous exercise
1 hour	No smoking
2 hours	No large meals
4 hours	No drinking alcohol or coffee Stop taking the following medications: Ventolin, Salbutamol, Bricanyl, Airomir, Atrovent, Combivent
12 hours	Stop taking the following medications: Oxeze, Serevent, Symbicort, Advair, Zenhale, Foradil
24 hours	Stop taking the following medications: Breo, Duaklir, Tudorza, SeeBri, Ultibro, Inspiolto, Anoro, Incruse, Onbrez, Spiriva, Trelegy

Overnight Oximetry: You will be given a small monitor to take home along with a questionnaire regarding your sleep habits. You will need to return both the following day.

Exercise Testing: Continue to take all medications as prescribed by your physician.

Methacholine Challenge Testing: The referring physician will discuss the test with you and have you sign a consent form before testing will be booked.