

Pulmonary Diagnostics Requisition

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 Indication of Urgency:	
Other Comments:	
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	Specific Directions/Information
<input type="checkbox"/> Spirometry Pre and Post Bronchodilator (Initial/follow up testing for COPD or Asthma Diagnosis)	Must be older than 6 yrs and able to follow instructions
<input type="checkbox"/> Spirometry without Bronchodilator	No medication given
<input type="checkbox"/> Detailed Pulmonary Function Test*	Includes: Spirometry pre and post BD, lung volumes, and diffusion capacity <i>Note: Children 12 to 18 yrs must be referred by Respirologist, Pediatrician or Allergist</i>
<input type="checkbox"/> MIP/MEP*	
<input type="checkbox"/> Methacholine Challenge Test*	Ordered by Respirologist or Allergist only
<input type="checkbox"/> Arterial Blood Gas	<input type="checkbox"/> Room air <input type="checkbox"/> Oxygen _____ lpm
<input type="checkbox"/> Oxygen Saturation Studies: <input type="checkbox"/> Resting Saturation Study <input type="checkbox"/> Exercise Desaturation Study <input type="checkbox"/> Six Minute Walk Test (functional distance)* <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	Requires a confirmed diagnosis
<input type="checkbox"/> COPD Education	Requires a confirmed diagnosis
<input type="checkbox"/> Smoking Cessation Counselling	Available at selected sites or at quitnow.ca

* Only available at UHNBC in Prince George

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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Pulmonary Diagnostic Testing Sites:	
Select preferred testing site	Tests and Services Available
<input type="checkbox"/> Chetwynd General Hospital and Health Center (includes Tumbler Ridge and Hudson Hope) Phone: 250-788-7226 Fax: 250-788-7247	Spirometry, Oxygen Saturation Studies, ABG, Asthma Education
<input type="checkbox"/> Dawson Creek and District Hospital Phone: 250-782-8501 Ext: 2255 Fax: 250-784-7376	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
<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 Note booking instructions to the right	Spirometry: Patient must call 250-632-8331 Rehab Medicine to book appointment
<input type="checkbox"/> Mills Memorial Hospital (Terrace) Phone: 250-638-4046 Fax: 250-638-4020	Spirometry, ABG
<input type="checkbox"/> Prince Rupert Regional Hospital Phone: 250-622-6380 Fax: 250-622-6391	Spirometry, ABG, Asthma and COPD Education, Smoking Cessation Counselling
<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, Lung Volumes, Methacholine Challenge, Oxygen Saturation Studies, ABG, Asthma and COPD Education
<input type="checkbox"/> Wrinch Memorial Hospital (Hazelton) Phone: 250-842-4612 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 Respiriologist will discuss the test with you and have you sign a consent form before testing begins.