

CardioRespiratory Unit

Surname	First
Carrianio	1 11 01
Address	
Addiess	
Postal Code	Phone
1 Ostal Oode	THORIC
Date of Birth	Unit # or Health Card #
Date of Billi	Offic # Of Fleatiff Card #

Pulmonary Diagnostics		Postal Code Phone					
(519) 621-2330 - Ext. 1110 or FAX (519) 740-4930		Date of Birth Unit # or Health Card #					
Monday to Friday - 7:30 AM to 3:30 PM							
Clinical Diagnosis/Indications for Test:					Height	in/cm	
•							
☐ Urgent, why: (e.g. pre-transplant / lung resection assessmen	t, severe or	r majo	or change in symp	toms)	Weight	lbs/kg	
ı	Pulmonar	y Dia	ignostic Test				
☐ Full Pulmonary Function			☐ Spirometry				
(Spirometry, Diffusion Capacity, Lung Volumes, Airway Resistance, Oximetry)			(advised for most patients less than 25) If full PFTs requested for this age, specify reason				
Appointment Date Time							
☐ Methacholine Challenge Test Pt. MUST have previous Spirometry or Full PFT and test MUST be pre-approved by Respirologist/Allergist			post bronchodilator testing (consider if 1st test for query asthma, RT to do if FEV less than 85% for asthma diagnosis)				
			Appointment Date	Time			
Appointment Date Time	Time			☐ Arterial Blood Gases			
☐ Exercise Oximetry Assessment for Home	e O2		Room Air or Oxyo	gen at	% or	- lpm	
(Walk Test on Room Air and Oxygen)			Appointment Date		Ti	ime	
Referral through Respirologist			☐ 6 Minute Walk Test				
intment Date Time		_	Room Air or Oxygen at% or Ipm				
☐ MIPs / MEPs, upright & supine FVC Referral through Respirologist			Appointment Date		Ті	ime	
			Other (Speci	fy)			
Appointment Date Time	Time						
First available interpreter							

Referring Physician Interpreting Physician (Required) Copies to

Cambridge Memorial Hospital 700 Coronation Blvd, Cambridge, Ontario N1R 3G2 (519)621-2330 – Ext 1110 or FAX (519)740-4930

The CardioRespiratory Unit is located on Level 0. It is on your right when you exit the public elevators.

If you need to change your appointment give at least 24 hours notice. The number to call is (519) 621-2333 Ext. 1110.

IMPORTANT:

- Bring all your medications (or a list) with you, including any over the counter medications.
- For all tests arrive in the department at least 15 minutes early to register.
- Inform the receptionist / technician / therapist of any allergies you have.
- If you are under the age of 16, we recommend that you have a parent or responsible adult in attendance.
- Inform staff if you are pregnant or suspect you may be.

Patient Instructions

Pulmonary Function Tests

Spirometry or Full Pulmonary Function

- Time for spirometry: 30 minutes.
- Time for full pulmonary function test: 45 minutes.
- Stop taking inhaled medications 4 6 hours prior to test.

Methacholine Challenge Test

- Time for test: 60 to 75 minutes.
- See separate sheet for detailed instructions and description of test.

Arterial Blood Gases

- Time for test: 20 to 30 minutes.
- A sample of blood will be taken from an artery in your wrist.

Exercise Oximetry Assessment

- Time for test: 30 to 60 minutes.
- Oxygen levels will be monitored while at rest and while walking.

Please remember that Cambridge Memorial Hospital is a Scent Free facility.