

NORTH YORK PULMONARY FUNCTION CENTER

2 Champagne Drive, (Champagne Centre) Unit B21, Toronto, ON M3J 0K2

Tel: 416-636-6664 Fax: 416-636-8999

Pulmonary Function Testing Referral

Please turn over for patient instructions and directions to the clinic

PATIENT INFORMATION

Patient Name: _____ SEX _____

Date of Birth: DAY _____ MONTH _____ YEAR _____ Health Card No. _____ Version Code: _____

Address: _____

Home Phone: _____ Work/ Cell Phone: _____

Urgent

SERVICES REQUIRED (Please Check All That Apply)

- Respirology Consultation
- Complete PFT (includes Pre/Post Bronchodilator Spirometry, Diffusing Capacity, Lung Volumes, Resting Oximetry)
- Check if without Bronchodilator Most Recent Hgb: _____ Date: _____
- Spirometry With post-bronchodilator
- Lung volumes measurement
- Diffusing capacity measurement Most Recent Hgb: _____ Date: _____
- Resting oximetry
- Methacholine challenge test
- Maximum inspiratory and expiratory pressures (MIP/MEP)

Please note: For complete PFT & Pre/Post Bronchodilator, we administer Ventolin by default. If Atrovent is preferred, please tick off the box

CLINICAL INFORMATION (Required)

Reason for Referral/ Other Clinical Information _____

Please Check all that Apply:

- | Yes | No | Yes | No |
|-------------------------------------|--------------------------|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Suspected TB (Tuberculosis) | | Unstable Angina or MI/Heart Attack (Within 3 Months) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hemoptysis (Physician's discretion) | | Recent Surgery (within 4 wks) | |

REFERRING PHYSICIAN

(PRINT) Physician Name Physician Signature Date

Phone: _____ Fax: _____

Additional Copies to: _____

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PATIENT PREPARATION SHEET – PULMONARY FUNCTION TESTING

1. For all routine pulmonary function test (PFTs) you will be asked to perform a series of breathing manoeuvres. If requested by your physician, a medication that may open your airways may be administered to you.
2. Your test may take up to 60 minutes.
3. Patient should **NOT** take any breathing medication prior to the test adhering to the withholding time listed below under RTN PFTs. Unless otherwise advised by your physician to do so. If you are symptomatic and need your breathing medication, take it, and advise the pulmonary tech at your appointment. Take all your other medications as usual.
4. If you have been booked for methacholine challenge testing, (MCT) please note that the test involves inhaling a drug preparation that may irritate your airways. You will be given a medication that will reverse the irritation within minutes. Please **DO NOT TAKE** your breathing medications, please follow withholding time listed below under MCT. You will be asked to sign a consent form prior to starting the test.

Breathing Medication Withholding Time

| INHALED MEDICATIONS | RTN PFTs | MCT |
|------------------------------|------------------|------------------|
| | Withholding time | Withholding time |
| SABA | 6 hrs | 8 hrs |
| SAMA | 12 hrs | 12 hrs |
| LABA | 24 hrs | 36 hrs |
| Ultra-LABA | 36 hrs | 48 hrs |
| LAMA | 48 hrs | at least 1 week |
| ICS | not withheld | not withheld |
| ORAL MEDICATIONS | | |
| Corticosteroids | not withheld | not withheld |
| Leukotriene modifiers | not withheld | not withheld |
| Theophyllines | | |
| liquid | not withheld | 12 hrs |
| intermediate-acting | not withheld | 24 hrs |
| long-acting | not withheld | 48 hrs |
| Anti-histamines | not withheld | not withheld |
| PDE4 inhibitors ¹ | not withheld | not withheld |

| SABA | | SAMA | | LABA | | Ultra-LABA | |
|------------|----------------|-----------------------|--------------|-------------------------------|----------------|------------------|--------------|
| Trade Name | Generic Name | Trade Name | Generic Name | Trade Name | Generic Name | Trade Name | Generic Name |
| Ventolin | salbutamol | Atrovent | ipratropium | Oxeze | formoterol | Onbrez | Indacaterol |
| Bricanyl | terbutaline | | | Serevent | salmeterol | see ² | Vilanterol |
| | | | | | | see ² | Olodaterol |
| LAMA | | Leukotriene modifiers | | ICS (inhaled corticosteroids) | | Cromones | |
| Trade Name | Generic Name | Trade Name | Generic Name | Trade Name | Generic Name | Trade Name | Generic Name |
| Spiriva | tiotropium | Singulair | montelukast | Flovent | Fluticasone | Intal | cromoglycate |
| Incruse | umeclidinium | | | Arnuity | Fluticasone | Fivent | nedocromil |
| Tudorza | aclidinium | | | Pulmicort | Budesonide | | |
| Seebri | glycopyrronium | | | QVAR | Beclomethasone | | |
| | | | | Asmanex | Momethasone | | |
| | | | | Alvesco | Ciclesonide | | |

¹ Daxas (roflumilast).

² These medications do not exist as a mono therapy in Canada; Vilanterol is a LABA component of Anoro and Breo.

Abbreviation: **SABA**: Short-acting beta-agonist, **SAMA**: Short-acting muscarinic agents, **LABA**: Long-acting beta-agonist,

Ultra-LABA: Ultra long-acting beta-agonist, **LAMA**: Long-acting muscarinic agents.

5. Please bring a list of all your medication you are taking to your appointment.
6. Smoking should also be avoided at least 4 hours prior to your scheduled test.
7. If you are unable to keep your appointment, contact our office as soon as possible to rebook. We require **48 hours notice** of cancellation so that another patient can be scheduled. Failure to provide 48 hours cancellation notice will result in a missed appointment fee of \$100 that must be paid before you can reschedule. This cancellation fee is not covered by OHIP.
8. To reschedule an appointment or inquire about any test you are booked for please contact our booking office at 416-636-6664.
9. We are located at 2 Champagne Drive, Unit B21, Toronto, Ontario within the Champagne Centre. We are two blocks west of Dufferin Street on the south side of Finch Avenue. Please enter through the East entrance by the parking lot.
10. Parking is free of charge.

YOUR TEST IS BOOKED FOR:

AT _____

