NORTH TORONTO PULMONARY FUNCTION LAB

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# PULMONARY FUNCTION TEST REQUISITION

| PATIENT'S LAST NAME (PLEASE PRINT OR TYPE) | | INITIALS |
|---|---|---|
| PATIENT'S FIRST NAME (PLEASE PRINT OR TYPE) | DATE OF BIRTH | SEX |
| ADDRESS | | |
| POSTAL CODE | PHONE HOME / OFFICE | |
| HEALTHCARD NUMBER | VERSION CODE | |
| DIAGNOSIS / CLINICAL HISTORY | REASON FOR TESTING | |

**SMOKER** ☐ **NO** ☐ **YES - HOW LONG?**_____YEARS **HOW MANY?**_____PER DAY

**TESTS ORDERED**

**PLEASE CHECK BOXES**

☐ FULL PULMONARY FUNCTION TEST (Include flow volume loop, lung volume, diffusion capacity)
BRONCHDILATOR - If $FEV_1$ / FVC < Lower Limit of Normal

☐ FLOW VOLUME LOOP
BROCHODILATOR - IF $FEV_1$/FVC < Lower Limit of Normal

☐ OXYGEN SATURATION AT REST

## REFERRING PHYSICIAN

| NAME | PHONE NUMBER |
|---|---|
| ADDRESS | FAX NUMBER |
| DATE | SIGNATURE |
| COPIES TO: | |

# PATIENT INSTRUCTIONS FOR PULMONARY FUNCTION TESTS

**General:**

- Reschedule the test if you are feeling ill (e.g., cold, flu, cough, severe headaches, etc.)
- Arrive on time for your test and bring valid Health Card as required by the Ministry of Health.
- Bring a list of your current medications and all respiratory puffers. If you use aerochamber for inhalation of puffers, please bring it with you.
- Wear loose, comfortable clothing and avoid wearing clothes that substantially restrict full chest and abdominal expansion.
- Do not wear perfume, cologne, scents, or other fragrances.
- Food/activities to avoid prior to testing:
    - For 1 hour: Vigorous exercise
    - For 2 hours: Large meals
    - For 4 hours: Alcohol, Smoking

**What to expect during the test:**

**Spirometry** – allow 15 minutes for Spirometry, with bronchodilator – allow 30 minutes
You will be asked to blow into a machine as fast as you can.
For Spirometry with bronchodilator, you will blow again into the machine after taking a bronchodilator.

**Full Pulmonary Function Test (PFT)** – allow 1 hour
The full test includes spirometry and tests to measure the size of your lungs, the strength of the muscles you use to breathe, and how fast oxygen gets into your blood.

**Instructions regarding withholding medications**

Some breathing medications will interfere with pulmonary function testing and should not be taken prior to your test, if possible. All other types of medication are to be taken as usual. However, if you feel unwell and need to take your medications, then continue your usual routine and inform the therapist that you have taken your breating medications before starting your test. Bring all breathing medications.

**DO NOT TAKE THE FOLLOWING MEDICATIONS:**

| Discontinue 8 hours prior (Short Acting Bronchodilators) | Discontinue 24 hours prior (Long Acting Bronchodilators) | |
|---|---|---|
| Salbutamol | Salmeterol (Serevent, Advair) | Onbrez Qvar |
| Ipratropium Bromide/Salbutamol (Combivent) | Formoterol (Symbicort, Oxeze) | Quibron Respimat |
| Terbutalline (Bricanyl) | Nedocromil Sodium (Tilade) | Seebri Spiriva |
| Ipratropium Bromide (Atrovent) | Leukotriene Inhibitors (Singulair) | Theo-Dur Tudorza Ultibro |
| Sodium Cromoglycate | Alvesco Anoro | Zenhale Inspiolto |
| Airomir Apo Salvent Sulfate Novo Salmol Ventolin | Asmanex Apo Cromolyn Beclomethasone Breo Intal | Trelegy Choledyl Flovent Budesonide (Pulmicort) |

**After you test:** you may restart all your medications in the usual manner.

**Contraindications to Pulmonary Function Testing:** If you have any of these conditions, notify us, preferably ahead of the test date: severe aortic stenosis, recent pneumothorax, active TB, severe or unstable angina, myocardial infarction < 4 weeks, anginal pain at rest or on exertion not relieved by nitro spray, current acute febrile respiratory illness, significant active hemoptysis (coughing up frank blood), recent eye/abdominal surgery.

***LOCATION: 4040 Finch Avenue East LL5 (basement)***
***Please report to Suite #108 for registration***