



RESPIRATORY & PFT

Please fill in all information and e-mail or fax to our office. Patients will be contacted directly.

E-mail: referrals@medreferral.ca Toll Free Fax: 1-855-566-8498 Toll Free Phone: 1-855-434-7373

1. Referring Physician

Physician's Name: _____

Signature of Referring Physician: _____

Date of Request: _____

Billing No: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

2. Patient Information

Last: _____

First: _____

D.O.B: _____ Male Female

Health Card No: _____ VC: _____

Address: _____ Postal Code: _____

Phone (H): (____) _____ (W): (____) _____ (C): (____) _____

E-mail: _____

3. Services Requested (please check all that apply)

- Respirology Consultation (Please provide recent blood work, chest X-Ray, CT/MRI reports)
 PFT with consultation
 PFT only
 Full Pulmonary Function Test (PFT) includes:
 Spirometry
 Spirometry Post-bronchodilator
 Lung Volumes
 Diffusion capacity (DLCO)
 Resting Oximetry
 Spirometry (FVL) Only
 Spirometry Post-Bronchodilator
 Oximetry
 Resting
 Exercise (6-minute walk)
 Other: please specify

4. Clinical Information (Required)

Reason for Referral:

Pertinent Medical History:

Smoking History:

- Non-Smoker
 Smoker
Years Smoked: _____ # Cigarettes/Day (max): _____
 Ex-Smoker
Quit Date: _____ Years Smoked (max): _____ # Cigarettes/Day (max): _____

Medications:

Allergies:

CONTRAINDICATIONS FOR PFT TESTING: Severe aortic stenosis, Recent Pneumothorax, Active TB, Severe or unstable angina, Anginal pain at rest or on exertion not relieved by nitro spray, Myocardial infarction < 4 weeks, Current acute febrile Respiratory illness, Significant active hemoptysis (coughing up frank blood), Advanced pregnancy (near term), Recent eye/abdominal surgery.

5. Special Patient Needs

- Wheel-Chair Patient Oxygen Accompanied by Attendant
 Language Additional Comments: _____

Received Date: _____ Appointment Date: _____ Time: _____

Cancellation Policy Notified to Patient - Please give us a 2 business days notice if you are unable to keep this appointment. Otherwise, a no show fee will apply.