



fraserhealth

# PULMONARY DIAGNOSTICS REFERRAL

## Respiratory Services



Form ID: RTXX104889D

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|   |   |   |   |
|---|---|---|---|
| <b>PATIENT'S FULL LEGAL NAME:</b> _____   |   |   |   |
| Last  | First   | Middle  |   |
| <b>PHN:</b> _____   |   | <b>DATE OF BIRTH:</b> _____   | <b>GENDER:</b> <input type="checkbox"/> M <input type="checkbox"/> F                                  |
|   |   | DD/MM/YYYY  |   |
| <b>ADDRESS:</b> _____   |   |   |   |
| Street  | City  | Province  | Postal Code   |
| <b>HOME PHONE NO.</b> _____   |   | <b>ALTERNATE PHONE NO.</b> _____  |   |
| Infection precautions Y/N _____   |   | Reason: _____   |   |
|   |   | Primary Language _____  |   |
|   |   | Interpreter Required? Y/N _____   |   |
| Insurance type: <input type="checkbox"/> MSP <input type="checkbox"/> WCB <input type="checkbox"/> Out of Province <input type="checkbox"/> Self-Pay <input type="checkbox"/> RCMP or Armed Forces #: |   |   |   |
| <b>CLINICAL INDICATION FOR TEST</b>   |   | <input type="checkbox"/> <b>URGENT</b>  |   |
| _____   |   | Referring Physician: _____  |   |
| Family Physician: _____   |   | Billing Number: _____   |   |
| CC: _____   |   | FAX: _____  |   |
| <b>APPT DATE/TIME</b>   |   | <input type="checkbox"/> <b>Langley Hospital</b><br>Ph: 604-533-6407<br>FAX: 604-514-6033             | <input type="checkbox"/> <b>Royal Columbian Hospital</b><br>Ph: 604-520-4035 x 0<br>FAX: 604-520-4910 |
| <input type="checkbox"/> <b>ARHCC</b><br>Ph: 604-851-4700 x 642328<br>FAX: 604-851-4852   | <input type="checkbox"/> <b>Delta Hospital</b><br>Ph: 604-946-1121 Ext: 783523<br>Fax: 604-952-7353 | <input type="checkbox"/> <b>JPOCSC (Surrey)</b><br>Ph: 604-582-4550 x 763867<br>FAX: 604-528-5431     | <input type="checkbox"/> <b>Ridge Meadows Hospital</b><br>Ph: 604-463-1820<br>Fax: 604-463-1887       |
| <input type="checkbox"/> <b>Burnaby Hospital</b><br>Ph: 604-412-6343<br>FAX: 604-412-6305   | <input type="checkbox"/> <b>Eagle Ridge Hospital</b><br>Ph: 604-949-8217<br>Fax: 604-469-3227       | <input type="checkbox"/> <b>Peace Arch Hospital</b><br>Ph: 604-535-4500 x 757226<br>Fax: 604-541-5867 | <input type="checkbox"/> <b>Chilliwack General</b><br>Ph: 604-701-3315<br>FAX: 604-795-4161           |
| <b>TEST</b>   |   | <b>SPECIFIC DIRECTIONS</b>  |   |
| <input type="checkbox"/> <b>Pre/Post Bronchodilator Spirometry</b><br><small>GOLD standard for Dx of COPD/Asthma</small>  | 30 min - All sites, RCH drop-in Mon & Wed 830am-400pm   |   |   |
| <input type="checkbox"/> <b>Simple Spirometry (pre bronchodilator only)</b>   | 15 min - All sites  |   |   |
| <input type="checkbox"/> <b>Erect/Supine Spirometry</b>   | 30 min - Not at ERH, LMH, PAH   |   |   |
| <input type="checkbox"/> <b>Complete Pulmonary Function Test</b><br><small>Includes Pre/post spirometry, Lung volumes, Diffusion capacity and Oximetry</small>  | 60 min - Not ERH, LMH   |   |   |
| <input type="checkbox"/> <b>Methacholine challenge</b><br><small>Pre/post spirometry is a pre requisite</small>   | 60 min - Not ERH, LMH   |   |   |
| <input type="checkbox"/> <b>Exercise Induced Asthma Challenge</b><br><small>Pre/post Spirometry and Methacholine challenge is a pre requisite</small>   | 60min - DH, RMH. LMH peds only<br><small>(Book through Pediatrician's office)</small>               |   |   |
| <input type="checkbox"/> <b>Arterial Blood Gas (15-30min) (All sites)</b>   | <input type="checkbox"/> Room Air <input type="checkbox"/> O2 at _____ LPM                          |   |   |
| <input type="checkbox"/> <b>Assessment for Home Oxygen Subsidy(30min)</b>   | May include ABG's, oxygen desaturation walk study, overnight oximetry.                              |   |   |
| <b>Oxygen Saturation Studies:</b>   |   |   |   |
| <input type="checkbox"/> <b>Resting (15min) (all sites)</b>   | <input type="checkbox"/> Room Air   | <input type="checkbox"/> O2 at _____ LPM  |   |
| <input type="checkbox"/> <b>Exercise Desaturation (15min) (all sites)</b>   | <input type="checkbox"/> Room Air   | <input type="checkbox"/> O2 at _____ LPM  |   |
| <input type="checkbox"/> <b>Overnight oximetry (15min) (Not ERH or LMH)</b><br><small>(does not require overnight stay) (equipment to be returned the following day)</small>                          | <input type="checkbox"/> Room Air   | <input type="checkbox"/> CPAP _____   | <input type="checkbox"/> O2 at _____ LPM  |
| <input type="checkbox"/> <b>Travel Oximetry (30min) (Only at DH, JPOCSC, RMH, RCH)</b>  | <input type="checkbox"/> Room Air   | <input type="checkbox"/> O2 at _____ LPM  |   |
| <input type="checkbox"/> <b>Maximal Inspiratory/Expiratory Pressures</b>  | 15min - Not LMH or ERH  |   |   |
| <input type="checkbox"/> <b>CPET</b>  | 60min - Respiriologist referral only - JPOCSC, RCH, RMH   |   |   |
| <input type="checkbox"/> <b>OTHER(Please specify)</b>   | _____   |   |   |

PLEASE PROVIDE PATIENT WITH INSTRUCTIONS ON REVERSE SIDE OF THIS REFERRAL

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# PULMONARY DIAGNOSTICS REFERRAL

## Provide this page to the patient

**Patient Instructions: You are being referred to Pulmonary Function Clinic and will be contacted with your appointment date.**

| <b>Pulmonary Function Clinics:</b>   |   |  |
|--|---|--|
| <b>Chilliwack General Hospital</b><br>45600 Menholm Road, Chilliwack<br>Phone: 604-701-3315<br>Hours: 8 am - 3:30 pm<br>Report to Ambulatory Care 20min prior to testing                             | <b>Ridge Meadows</b><br>11666 Laity St, Maple Ridge<br>Phone: 604-463-1820<br>Hours: 7 am - 7 pm<br>Report to Outpatient Registration   | <b>Peace Arch Hospital</b><br>15521 Russell Ave, White Rock<br>Phone: 604-535-4500<br>Ext: 757226<br>Hours: 7:30 am - 5 pm<br>Report to Registration.                        |
| <b>Burnaby Hospital</b><br>3935 Kincaid St,<br>Burnaby<br>Phone: 604-412-6343<br>Hours: Monday & Friday 8 am - 5 pm<br>Report to the Optimization Clinic on the 1st floor.                           | <b>Jim Pattison Outpatient Care and Surgery Centre (JPOCSC)</b><br>9750 140 St, Surrey<br>Phone: 604-582-4550 x 763867<br>Hours: M-F 8:30 am - 5 pm, Sat 8:30 am - 4 pm<br>Report to Reception desk 1C, 1st floor | <b>ARHCC</b><br>32900 Marshall Road,<br>Abbotsford<br>Phone: 604-851-4700<br>Ext 642328<br>Hours: Monday-Friday 7:30 am - 3:30 pm<br>Report to Fraser 3, Diagnostic Services |
| <b>Delta Hospital</b><br>5800 Mountainview Blvd, Delta<br>Phone: 604-946-1121 Ext: 783523<br>Hours: M-F 8 am - 4pm<br>Report to Registration   | <b>Eagle Ridge Hospital</b><br>475 Guildford Way, Port Moody<br>Phone: 604-469-3227<br>Hours: Monday to Friday 8 am - 4 pm<br>Report to Registration (west end)   | <b>Langley Memorial Hospital</b><br>22051 Fraser Hwy, Langley<br>Phone: 604-533-6407<br>Hours: 7:30 am - 4 pm<br>Report to patient registration desk.                        |
| <b>Royal Columbian Hospital</b><br>330 E Columbia Street, New Westminster<br>Phone: 604-520-4035 Ext: 0<br>Hours: 7 am - 7 pm<br>Report to Registration<br>(after 3:30 report to emerg registration) |   |  |

### WHAT DO I DO?

- Report to Location 15 min prior to appointment with care card.
- **WITHHOLD BREATHING MEDICATIONS AS INDICATED IN TABLE BELOW UNLESS OTHERWISE INSTRUCTED.**
- If you feel very short of breath, then take your rescue puffer as prescribed and inform the testing Respiratory Therapist
- when you arrive for your test. Take all other medication as prescribed.
- Do not drink alcohol for 4 hours prior to test.
- Do not smoke for 4 hours prior to test.
- Do not eat a heavy meal within 2 hours of testing, have a light snack instead.
- Do not wear fragrant products (perfume, cologne etc.) and remove nail polish.
- Do not exercise strenuously within 30 min of test start time.
- Do not wear restrictive clothing.

|                                 |  | <b>Oxygen Studies or CPET</b> | <b>Spirometry or a Complete Pulmonary Test HOLD MEDICATIONS FOR:</b> | <b>Methacholine and Exercise Induced Asthma Challenge</b> |
|---------------------------------|--|-------------------------------|--|---|
| Short acting Bronchodilators    | Ventolin, Salbutamol, Bricanyl   | Take as usual                 | 4 hours  | 6 hours   |
| Short acting Anticholinergic    | Atrovent, Combivent  | Take as usual                 | 6 hours  | 12 hours  |
| Long acting Bronchodilators     | Oxeze, Serevent, Symbicort, Advair, Zenhale, Breo, Onbrez, Foradil             | Take as usual                 | 24 hours   | 48 hours  |
| Long acting Anticholinergic     | Spiriva, Inspiroto, Seebri, Ultibro, Incruse, Anoro, Trelegy, Tudorza, Duaklir | Take as usual                 | 24 hours   | 7 days  |
| Leukotriene receptor antagonist | Accolate, Singulair, Montelukast   | Take as usual                 | 24 hours   | 24 hours  |
| Steroid medication              | Qvar, Pulmicort, Flovent, Asmanex, Alvesco, Arnuity                            | Take as usual                 | Take as usual  | Take as usual   |
| Theophylline containing drugs   | Uniphyll, Theodur  | Take as usual                 | If once daily hold 48 hours<br>If twice a day hold 24hours           | 24 hours  |