



fraserhealth

PULMONARY DIAGNOSTICS REFERRAL

Respiratory Services



Form ID: RTXX104889D

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

PLEASE PROVIDE PATIENT WITH INSTRUCTIONS ON REVERSE SIDE OF THIS REFERRAL

Print Shop # 2566815

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.

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

		Oxygen Studies or CPET	Spirometry or a Complete Pulmonary Test HOLD MEDICATIONS FOR:	Methacholine and Exercise Induced Asthma Challenge
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 If twice a day hold 24hours	24 hours