



fraserhealth

PULMONARY DIAGNOSTICS REFERRAL

Respiratory Services



RTXX106258A

Rev: March 2015

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FAX to JPOCSC Central Intake (604-953-9701)

Note: FAX PULMONARY DIAGNOSTICS REFERRAL with this form

PATIENT INFORMATION:

Patient's Name: _____			Gender: _____
Last	First	Middle	
Date of Birth: _____	PHN: _____	Insurance: _____	
(DD/MM/YYYY)			
Address: _____			
Street	City	Province	Postal Code
Contact Method	Primary: _____	Alternate: _____	

REFERRAL INFORMATION:

Priority: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent Date of Referral: _____	Referring Health Care Provider: Name: _____ Title: _____ Source: _____ MSP #: _____ Phone: _____ Fax: _____
Reason for Referral: _____	
Medical Reason for Urgency: _____	
Relevant Medical History: _____	
Isolation precautions <input type="checkbox"/> Airborne <input type="checkbox"/> Contact <input type="checkbox"/> Droplet <input type="checkbox"/> None	
Interpreter Required <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify language _____	
Referral Clinic: Pulmonary Diagnostics	
Referring Health Care Provider Signature: _____ Date: _____	

Has this patient been seen by a respirologist previously? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, please attach consult) Respirologist seen: _____

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PULMONARY DIAGNOSTICS REFERRAL

Respiratory Services



RTXX104889B

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Date of Appointment:	Time:
Patient's Name:	PHN:
Patient's Phone:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M DOB:

CLINICAL INDICATION:

Family Physician: _____ Physician's Name: _____
 CC: _____ Billing Number: _____
 Date: _____ Physician's Signature: _____

INSURANCE (MSP / WCB / Self-Pay / Out-of-Province / Non Resident) - Circle appropriate Insurance

Interpreter Required: Yes / No Language: _____
 Infectious Precautions Yes / No Reason: _____ **Physician's Fax:** _____

<input type="checkbox"/> ARHCC Ph: 604-851-4700 Ext: 642328 Fax: 604 851 4852	<input type="checkbox"/> Delta Hospital Ph: 604-946-1121 Ext: 783523 Fax: 604 952 7353	<input type="checkbox"/> Mission Memorial Hospital Ph: 1 604-814-5176 Fax: 604 820 8730	<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: 604-469-3220	<input type="checkbox"/> Peace Arch Hospital Ph: 604-535-4500 Ext: 757226 Fax: 604-541-5867	<input type="checkbox"/> Royal Columbian Hospital Ph: 604-520-4035 Ext: 0 Fax: 604-520-4910
<input type="checkbox"/> Chilliwack General Hospital Ph: 604-795-4132 Fax: 604-703-6955	<input type="checkbox"/> Langley Hospital Ph: 604-514-6081 Fax: 604-533-6454	<input type="checkbox"/> Centralized Intake JPOCSC/ SMH Ph: 604-953-9704 Fax: 604-953-9701	<input type="checkbox"/> SMH Pediatric Lab Ph: 604-582-4565 Fax: 604-582-3744

	Test	Specific Directions
<input type="checkbox"/>	Spirometry (FVL) <input type="checkbox"/> Simple Spirometry <input type="checkbox"/> Pre and Post Bronchodilator Spirometry <input type="checkbox"/> Erect and Supine Spirometry	(approx. 15 min.) (All sites) (approx. 40 min.) (All sites) (approx. 30 min.) Not ERH, LMH, MMH
<input type="checkbox"/>	Complete Pulmonary Function Test (Includes Pre/Post Spirometry, Lung Volumes, Diffusion Capacity & Oximetry)	Not ERH, LMH, MMH (approx 60 min.)
<input type="checkbox"/>	Methacholine Challenge	Not ERH, LMH, MMH (75 min.) *prerequisite-pre/post spirometry
<input type="checkbox"/>	Exercise Induced Asthma Challenge (suggest methacholine prior)	ARHCC, DH, CGH, RMH *prerequisite-pre/post spirometry (60 min.) (LMH - peds only, book through pediatrician's office)
<input type="checkbox"/>	Arterial Blood Gases (ABG's) (all sites)	<input type="checkbox"/> Room Air <input type="checkbox"/> O ₂ at _____ LPM (15 - 30 min.)
<input type="checkbox"/>	Assessment for Home Oxygen Subsidy	(may include ABG's, oxygen desaturation walk study, overnight oximetry)
<input type="checkbox"/>	Oxygen Saturation Studies <input type="checkbox"/> Resting Saturation Study (15 min.) (all sites) <input type="checkbox"/> Room Air <input type="checkbox"/> O ₂ _____ LPM <input type="checkbox"/> Exercise Desaturation Study (15 min.) (all sites) <input type="checkbox"/> Room Air <input type="checkbox"/> O ₂ _____ LPM <input type="checkbox"/> Overnight Oximetry (not at ERH, LMH, PAH) <input type="checkbox"/> Room Air <input type="checkbox"/> O ₂ _____ LPM <input type="checkbox"/> CPAP _____ cmH ₂ O (does not require an overnight stay) <input type="checkbox"/> Travel Oximetry (30 min.) (DH, JPOCSC, SMH, RMH, RCH only)	
<input type="checkbox"/>	IOS - Impedance Oscillimetry SMH only (30 min)	<input type="checkbox"/> Exercise Stage 1 (CPX) JPOCSC, SMH, RCH, RMH respirologist referral
<input type="checkbox"/>	Maximal Inspiratory/Expiratory Pressures	Not LMH, ERH (15 min)
<input type="checkbox"/>	Asthma Clinic <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric	See reverse for locations
<input type="checkbox"/>	Other: Please Specify: _____	

Print Shop # 256815

Please provide patient with the instructions on the following page.

PULMONARY DIAGNOSTICS REFERRAL

Patient Name: _____

PROVIDE THIS PAGE TO THE PATIENT

INSTRUCTIONS: You are being referred to a Pulmonary Function Clinic and will be contacted with your appointment date.

Pulmonary Function Clinics:		Asthma Clinics:
<input type="checkbox"/> ARHCC 32900 Marshall Road, Abbotsford Phone: 604-851-4700 Ext 642328 Hours: Tuesday-Friday 8am-5:15 pm Report to Fraser 3, Diagnostic Services.	<input type="checkbox"/> Surrey (SMH) Pediatric PF Lab 13750 96 Avenue, Surrey Phone: 604-582-4565 Hours: 8 am - 6 pm Thursday only Report to Charles Barham Building	<input type="checkbox"/> ARHCC Asthma Clinic Pediatric Ph: 604-851-4700 Ext 646267 Fax: 604-851-4787 Adult Ph: 604-851-4700 Ext 642215 Fax: 604-851-4774
<input type="checkbox"/> Burnaby Hospital 3935 Kincaid St, Burnaby Phone: 604-412-6343 Fax: 604-412-6305 Hours: Monday to Friday 8 am - 5 pm Report to the Optimization Clinic on the 1st floor.	<input type="checkbox"/> Jim Pattison Outpatient Care and Surgery Centre (JPOCSC) 9750 140 St, Surrey Phone: 604-582-4565 Hours: 8 am - 6 pm M-F, Sat 0830-1600 Report to Lung Diagnostics, Level One	<input type="checkbox"/> Burnaby Hospital Asthma Clinic Pediatric only Ph: 604-431 2863 Fax: 604-412-6177
<input type="checkbox"/> Delta Hospital 5800 Mountainview Blvd, Delta Phone: 604-946-1121 Ext: 783523 Hours: Monday to Friday 8 am - 4 pm Report to Registration	<input type="checkbox"/> Eagle Ridge Hospital 475 Guildford Way, Port Moody Phone: 604-949-8217 Hours: Monday to Friday 8 am - 4 pm Report to Registration (west end)	<input type="checkbox"/> Ridge Meadows Asthma Clinic Adult and Pediatric Ph: 604-461-1820 Fax: 604-463-1887
<input type="checkbox"/> Langley Memorial Hospital 22051 Fraser Hwy, Langley Phone: 604-514-6081 Hours: 8 pm - 4 pm Report to reception at Ambulatory Care South.	<input type="checkbox"/> Mission Memorial Hospital 7324 Hurd Street, Mission Phone: 604-814-5176 Hours: 8 am - 3:15 pm Report to Respiratory Services	<input type="checkbox"/> Lung Health Jim Pattison Outpatient Care and Surgery Centre Adult Ph: 604-582-4565 Fax: 604-582-3744
<input type="checkbox"/> Peace Arch Hospital 15521 Russell Ave, White Rock Phone: 604-535-4500 Ext: 757226 Hours: 7:30 am - 4 pm Report to Central Registration.	<input type="checkbox"/> Chilliwack General Hospital 45600 Menholm Road, Chilliwack Phone: 604-795-4132 Hours: 8 am-4 pm Report to Ambulatory Daycare	<input type="checkbox"/> Chilliwack Hospital Asthma Clinic Adult and Pediatric Ph: 604-795-4141 Ext 614244 Fax: 604-702-4709
<input type="checkbox"/> Ridge Meadows 11666 Laity Street, Maple Ridge Phone: 604-463-1820 Hours: 7 am - 7 pm Report to Outpatient Registration	<input type="checkbox"/> 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)	<input type="checkbox"/> Eagle Ridge Hospital Asthma Clinic Adult and Pediatric Ph: 604-469-3227 Fax: 604-469-5101

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 or coffee 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 2 hours of test start time.
- Do not wear restrictive clothing.

		Oxygen Studies or Exercise Stage 1 Test	Spirometry or a Complete Pulmonary Test HOLD MEDICATIONS FOR:	Methacholine and Exercise Induced Asthma Challenge Test
Short acting Bronchodilators	Ventolin, Alvesco, Salbutamol, Berotec, Bricanyl, Airomir	Take as usual	4 to 8 hours	8 hours
Medium acting Bronchodilators	Atrovent	Take as usual	6 hours	24 hours
Long acting Bronchodilators	Oxeze, Serevent, Symbicort, Advair, Foradil	Take as usual	12 hours	48 hours
Long acting Anticholinergic	Spiriva	Take as usual	24 hours	96 hours
Theophylline containing drugs	Uniphyll, Theodur, Theolair, Cholelyd, Amesac, Phyllocontin, Respid, Bethiodyl, Aminophylline, Uniphyll	Take as usual	If once daily hold 48 hours If twice a day hold 24 hours	48 hours
Leukotrine receptor antagonist	Accolate, Singulair	Take as usual	8 hours	24 hours
Cromolyn Sodium	Intal	Take as usual	Take as usual	8 hours
Nedocromil	Tilade	Take as usual	Take as usual	48 hours
Antihistamines	Seldane, Benadryl, Reactine, Claritin	Take as usual	Take as usual	3 to 5 days
Steroid medication	Becloment, Qvar, Pulmicort, Flovent, Vanceril, Bronalide, Prednisone, Roflumilast	Take as usual	Take as usual	Take as usual
coffee, tea, cola, chocolate		Limit consumption on day of test	4 hours	WITHHOLD ON DAY OF TEST