



fraserhealth

PULMONARY DIAGNOSTICS REFERRAL

Respiratory Services



Form ID: RTXX104889G

Rev: Oct 05, 2023

Page: 1 of 1

| | | | |
|--|--|--|--|
| PATIENT'S FULL LEGAL NAME: _____ | | | |
| Last | First | Middle | |
| PHN: _____ | | DATE OF BIRTH: _____ | GENDER: <input type="checkbox"/> M <input type="checkbox"/> F |
| | | DD/MM/YYYY | |
| ADDRESS: _____ | | | |
| Street | City | Province | Postal Code |
| HOME PHONE NO. _____ | | ALTERNATE PHONE NO. _____ | |
| Home phone: _____ | | E-MAIL: _____ | |
| 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 _____ | | Referring Physician: _____ | |
| <input type="checkbox"/> URGENT | | 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: 604-469-3227 Fax: 604-469-3238 | <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, PAH | | |
| <input type="checkbox"/> Complete Pulmonary Function Test <small>Includes Pre/post spirometry, Lung volumes, Diffusion capacity and Oximetry</small> | 60 min - Not ERH | | |
| <input type="checkbox"/> Methacholine challenge <small>Pre/post spirometry is a pre requisite</small> | 60 min - Not ERH | | |
| <input type="checkbox"/> Exercise Induced Asthma Challenge <small>Pre/post Spirometry and Methacholine challenge is a pre requisite</small> | 60min - DH, RMH | | |
| <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) <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, BH) | <input type="checkbox"/> Room Air | <input type="checkbox"/> O2 at _____ LPM | |
| <input type="checkbox"/> Maximal Inspiratory/Expiratory Pressures | 15min - Not ERH | | |
| <input type="checkbox"/> CPET | 60min - Respiriologist referral only - JPOCSC, RCH, RMH | | |
| <input type="checkbox"/> OTHER(Please specify) | | | |

Print Shop # 256815

PLEASE PROVIDE PATIENT WITH INSTRUCTIONS ON REVERSE SIDE OF THIS REFERRAL

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 to 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 to 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: Monday to Fridays 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, Inspirolo, 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 |