



Nanaimo Regional General Hospital
Pulmonary Function Lab and
Community Respiratory Care Centre Requisition

Booking: 250.716.7705
Fax: 250.739.5974

Must be complete for booking purposes
 Name:
 DOB:
 PHN:
 Mailing Address:

 Telephone:

Height:	Weight:	BMI:
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Date Ordred (D/M/Y):	Smoking History(pack years):
Ordering Physician:	History/Indications/Diagnosis:
Preferred Interpreter: or First Available <input type="checkbox"/>	
Copies to:	
Special Considerations: (Language Barrier, etc.)	Relevant Medications:
Infectious Precautions:	

<input type="checkbox"/>	<u>Asthma/COPD Education Program</u>	
<input type="checkbox"/>	<u>Spirometry</u> - without bronchodilators	
<input type="checkbox"/>	<u>Spirometry</u> - before & after bronchodilators	- suspected Asthma or COPD
<input type="checkbox"/>	<u>Detailed Pulmonary Function Study</u> - Spirometry, Diffusion, Lung Volumes, Plethysmography & Airway Resistance	- suspected restrictive lung disease or abnormal Spirometry
<input type="checkbox"/>	<u>Inhalation Challenge</u> - assessed by serial flow measurement using methacholine	- suspected Asthma and - normal Spirometry before & after bronchodilators within the last 6 months - Pediatrician consult if < 12 years old
<input type="checkbox"/>	<u>Overnight home oximetry</u>	- suspected OSA, nocturnal hypoxemia
<input type="checkbox"/>	<u>Six-Minute Walk Distance Test</u>	- a functional assessment of cardiopulmonary disease (e.g. MRC = 3-5 or NYHA Class 3,4)
<input type="checkbox"/>	<u>Arterial Blood Gases</u>	- test performed on room air
<input type="checkbox"/>	<u>Oximetry at rest with or without oxygen</u>	- suspected hypoxemia
<input type="checkbox"/>	<u>Inspiratory & expiratory muscle strength</u>	- suspected neuromuscular disease

Physician signature: _____ (Required for MSP)