PRECISION LUNG CONSULTANTS
& DIAGNOSTICS

*Owned and operated by academic respiratory physicians affiliated with the University of Calgary and the Peter Lougheed Centre*

**A**: Suite 102, 2675 - 36 ST NE, Calgary, AB, T1Y 6H6
**F**: 403 457 5860

**P**: 403 457 LUNG (5864)
**W**: info@calgarylunghealth.ca

# PULMONARY FUNCTION TESTING

## PATIENT INFORMATION:

| | | |
|---|---|---|
| Last Name: | First Name: | Phone: |
| DOB: (MM/DD/YYYY) | PHN: | Email Address: |
| Address / Postal Code: | City / Province: | Gender at Birth:<br>Identifying Gender: |

## PHYSICIAN INFORMATION:

| | | |
|---|---|---|
| Referring: | PRAC ID: | PHONE:<br>FAX: |
| Family (if different): | PRAC ID: | PHONE:<br>FAX: |

## REASON FOR REFERRAL FOR PULMONARY FUNCTION TESTING :

Please have patient refrain from using breathing medications 24 hours prior to testing (if possible)

| | |
|---|---|
| ☐ COMPLETE PULMONARY FUNCTION TEST | • Includes spirometry, lung volumes, diffusion capacity and resting SpO2 |
| ☐ SPIROMETRY AND DIFFUSION CAPACITY (DLCO) | • Spirometry and diffusion capacity, resting SpO2 |
| ☐ SPIROMETRY | • Assessment for obstructive airways disease and resting SpO2 |
| ☐ CERTIFIED RESPIRATORY EDUCATOR (CRE) ASSESSMENT & COMPLETE PFT | • Education on respiratory medication, disease self-managment etc. |
| ☐ ARTERIAL BLOOD GAS | • _____ Room air _____ L/min Oxygen |

## REASON FOR RESPIROLOGIST CONSULTATION:

☐ Urgent ☐ Routine
☐ First available MD
☐ Specific MD

***Please indicate whether referral is urgent or routine. Please note that all new referrals require a chest x-ray within the previous 6 months. New referrals for respirologist consultation will be directed to Pulmonary Central Access and Triage.**

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