

OUTPATIENT REQUISITION

Pulmonary Diagnostics Service

Patient Name (last) _____
 (first) _____
 DOB (dd/mm/yyyy) _____
 PHN _____ MRN _____
 Account / Visit # _____
IH USE ONLY

PATIENT INFORMATION (name) _____

PHN _____ DOB (dd/mm/yyyy) _____ Available Short Notice: ☐ Yes ☐ No
 Address _____ History of Violence: ☐ Yes ☐ No
 City _____ Postal Code _____ Wheelchair / Walking aide: ☐ Yes ☐ No
 Primary Phone _____ Alternative Phone _____ Uses Oxygen: ☐ Yes ☐ No
 Email _____ Age _____ Sex at Birth: ☐ M ☐ F Infectious disease: _____
 Allergies _____ Language Interpreter Required: ☐ No ☐ Yes (specify language) _____
 Current Respiratory Medications _____

RESPIRATORY THERAPY CLINICS AND COMMUNITY REFERRALS

- ☐ Asthma Education ☐ COPD Education (Asthma/COPD education may include pre/post spirometry with bronchodilator)
☐ Pulmonary Rehabilitation (may include group and graded exercise program)
☐ Lung volume expansion or secretion clearance
☐ Tracheostomy Assessment and Education
☐ Trach Change: Size _____ Frequency _____ Brand _____ Cuffed: ☐ Yes ☐ No
☐ Other _____

LUNG TESTING (includes oximetry)

Prior Testing: ☐ Yes ☐ No

- ☐ Spirometry: ☐ Pre and post bronchodilator (initial testing for query COPD, Asthma, cough, dyspnea)
☐ No bronchodilator (e.g. pre-employment)
☐ Spirometry Upright and Supine (no bronchodilators, assessment of diaphragmatic strength)
☐ Spirometry with Diffusion
☐ Complete Pulmonary Function Test – **requires** initially one of the following indications (unless ordered by Respiriologist, Internal medicine, Thoracic surgeon, or Pediatrician):
☐ Abnormal spirometry ☐ Pre-operative lung resection ☐ Pre-pneumotoxic medication
☐ Suspected ILD ☐ Suspected restriction ☐ Significant travel distance to testing site
☐ Other _____

Respiratory muscle function/Neuromuscular Screening ☐ SVC ☐ MIP/MEP ☐ Peak cough flow

- ☐ Inhalation Challenge [Methacholine] **REQUIRED**: Previous normal spirometry and suspicion for asthma
 (requests are reviewed by medical director)

- ☐ Arterial Blood Gas ☐ Room air ☐ O₂ _____
☐ Home O₂ assessment (may include: Arterial blood gas on room air, Air vs O₂ walking oximetry test, Overnight Oximetry test)
☐ Oxygen desaturation with exertion
☐ Overnight oximetry ☐ Room air ☐ O₂ _____ ☐ CPAP ☐ BiPAP ☐ NIV Settings: _____

LIMITED TESTING [Respirology, Internal Medicine]

- ☐ 6 minute walk (distance evaluation) ☐ Cardiopulmonary Exercise Test (CPET)
 Date _____ Time _____
☐ ABG on 100% FiO₂ (shunt fraction) ☐ Induced Sputum for *Mycobacterium tuberculosis*
☐ Nebulized medication observation (e.g. Pentamidine)

REFERRING PRACTITIONER (name) _____

Phone _____ Fax _____
 Family Physician _____ Copies to _____
☐ Routine elective ☐ Urgent (within 30 days) Reason for urgency _____
☐ Specified Date (or range) _____

Reason for Referral (Mandatory) _____

Date (dd/mm/yyyy)	Time (24 hour)	Practitioner Signature	College ID #
/ /			

Permanent part of the health record

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Test Location Table		100 Mile House	Ashcroft	Castlegar	Chase	Clearwater	Cranbrook	Creston	Elkford	Fernie	Golden	Grand Forks	Invermere	Kamloops	Kamloops Community Clinic	Kaslo	Kelowna	Kimberley	Merritt	Nakusp	Nelson	New Denver	Penticton	Revelstoke	Salmon Arm	Sparwood	Trail	Vernon	Williams Lake	
Clinic & Community Referrals	Asthma education	X		X	X		X	X	X	X	X	X	X	X		X	X	X		X	X	X	X	X	X	X	X	X	X	
	COPD education	X		X	X		X	X	X	X	X	X	X	X		X	X	X		X	X	X	X	X	X	X	X	X	X	
	Lung expansion & secretion clearance	X			X		X	X	X	X	X		X	X			X	X					X	X	X	X	X	X	X	
	Pulmonary rehabilitation	X			X		X							X			X				X		X		X	X	X	X	X	
	Trach change & assessment	X		X	X		X	X	X	X	X	X	X	X			X	X			X		X		X	X	X	X	X	
Lung Testing	6 minute walk	X		X			X					X		X			X			X	X	X	X	X	X		X	X	X	
	Arterial Blood Gas (ABG) - Normal	X		X			X					X		X			X			X	X	X	X	X	X		X	X	X	
	Arterial Blood Gas - on 100%																X													
	Complete Pulmonary Function						X							X			X						X				X	X		
	CPET																X													
	Home Oxygen Assessment	X		X			X					X		X		X	X			X	X	X	X	X	X		X	X	X	
	Induced Sputum																X													
	Inhalation Challenge													X			X						X				X	X		
	Oxygen desaturation with exertion																X													
	Overnight Oximetry	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Nebulizer observation													X			X						X					X		
	Resp Muscle Function: SVC, MIP/MEP, Peak Cough	X					X							X			X						X		X		X	X	X	
	Spirometry: Pre & Post	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Spirometry: No bronchodilator	X		X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
	Spirometry: Upright & Supine	X					X							X			X							X	X	X		X	X	X
	Spirometry: With diffusion						X							X			X							X				X	X	

Location	Phone	Fax
Ashcroft	250-453-2211	250-453-1926
Chase	250-679-1406	250-679-5329
Clearwater	250- 674-2244	250-674-2477
East Kootenay Region (includes Cranbrook, Creston, Elkford, Fernie, Golden, Invermere, Kimberley, Sparwood)	250-420-4108	250-420-4109
Kamloops	250-314-2100 x3825	250-314-2391
Kamloops Community Clinic	250-312-3280	250-312-3281
Kelowna	250-862-4499	250-862-4356
Kootenay Boundary Region (includes Castlegar, Grand Forks, Kaslo, Nakusp, Nelson, New Denver, Trail)	250-364-5136	250-364-5137
Merritt	250-378-3400	250-378-3208
Penticton	250-770-5527	250-770-7590
North Okanagan Region (includes Revelstoke, Salmon Arm, Vernon)	250-558-1366	250-558-4101
Williams Lake (includes 100 Mile House and Cariboo Chilcotin)	250-305-4077	250-302-3287

Abbreviations:

M Male
F Female
COPD Chronic Obstructive Pulmonary Disease
SVC Slow vital capacity

ILD Interstitial Lung Disease
MIP Maximal Inspiratory Pressure
MEP Maximal Expiratory Pressure
O₂ Oxygen

CPAP Continuous Positive Airway Pressure
BIPAP Bilevel Positive Airway Pressure
NIV Noninvasive Ventilation
FiO₂ Fraction of inspired oxygen