

Spirometry Requisition

Central referral centre at Whitehorse General Hospital Lab

Phone: 393-8739 – Fax: 393-8772 (please fax completed requisition)

- Pre and post spirometry will be done when ordered by MD/NP, otherwise only pre testing is done.
- Salbutamol 400mcg with spacer will be used for bronchodilator unless otherwise indicated.

| | | | |
|--|-------|-----------------------|--|
| Patient name: (Last name, First name) | | | |
| (Legal Guardian's name if patient is a child): | | | |
| Home Phone: | Cell: | Work Phone: | |
| Community: | | | |
| YHIS #: | | DOB (day/month/year): | |
| Family Physician & Clinic: | | Copy to: | |
| Reason for referral (required): | | | |
| <input type="checkbox"/> Suspected COPD <input type="checkbox"/> Suspected Asthma <input type="checkbox"/> Monitoring therapy <input type="checkbox"/> For medication coverage <input type="checkbox"/> Surgery <input type="checkbox"/> Other | | | |
| Diagnosis: | | | |
| Does this patient have uncontrolled hypertension? <input type="checkbox"/> Yes <input type="checkbox"/> No Does this patient have an aneurysm? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note any precautions that should be taken when performing this test: | | | |
| Please inform patient to withhold taking respiratory meds prior to spirometry testing if we are verifying a diagnosis: <ul style="list-style-type: none"> • Short-acting bronchodilators (Eg. Ventolin, Atrovent, Bricanyl): 4 hours • Long-acting bronchodilators/Combo meds (Eg. Oxeze, Serevent, Symbicort, Advair, Zenhale, Onbrez): 12 hours • Long-acting anti-cholinergic (Eg. Spiriva/SeeBre): 24 hours | | | |
| Referring Clinician: | | | |
| (printed name) | | (signature) | |