

# 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  O<sub>2</sub> \_\_\_\_\_

Home O<sub>2</sub> assessment (may include: Arterial blood gas on room air, Air vs O<sub>2</sub> walking oximetry test, Overnight Oximetry test)

Oxygen desaturation with exertion

Overnight oximetry  Room air  O<sub>2</sub> \_\_\_\_\_  CPAP  BiPAP  NIV Settings: \_\_\_\_\_

**LIMITED TESTING** [Respirology, Internal Medicine]

6 minute walk (distance evaluation)  Cardiopulmonary Exercise Test (CPET)  
 ABG on 100% FiO<sub>2</sub> (shunt fraction) Date \_\_\_\_\_ Time \_\_\_\_\_  
 Nebulized medication observation (e.g. Pentamidine)  Induced Sputum for *Mycobacterium tuberculosis*

**REFERRING PRACTITIONER** (name) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Primary Care Provider \_\_\_\_\_ 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		
<b>Clinic &amp; Community Referrals</b>	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	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	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	X	
	Trach change & assessment	X	X	X		X	X	X	X	X	X	X	X	X	X		X	X			X		X		X	X	X	X	X	X	
<b>Lung Testing</b>	6 minute walk	X	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		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	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	X
	Nebulizer observation														X		X							X						X	
	Resp Muscle Function: SVC, MIP/MEP, Peak Cough	X				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	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	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 Ext. 18825	250-314-2379
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	250-378-3227	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:		
<b>M</b>	Male	<b>ILD</b> Interstitial Lung Disease
<b>F</b>	Female	<b>MIP</b> Maximal Inspiratory Pressure
<b>COPD</b>	Chronic Obstructive Pulmonary Disease	<b>MEP</b> Maximal Expiratory Pressure
<b>SVC</b>	Slow vital capacity	<b>O<sub>2</sub></b> Oxygen
		<b>CPAP</b> Continuous Positive Airway Pressure
		<b>BIPAP</b> Bilevel Positive Airway Pressure
		<b>NIV</b> Noninvasive Ventilation
		<b>FiO<sub>2</sub></b> Fraction of inspired oxygen

Permanent part of the health record