

**Timmins and District Hospital  
Cardiopulmonary Department**

**Tel: 705-267-6313 Fax: 705-267-6346**

<b>Name</b>		
<b>Health Card</b>		
<b>Date of Birth</b>		
	dd/mm/yyyy	
<b>Telephone</b>	<b>Residence</b>	<b>Other</b>

**ORDERING PHYSICIAN**

Print name \_\_\_\_\_  
Signature \_\_\_\_\_

**Reason for test:** \_\_\_\_\_

**Medications:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PULMONARY FUNCTION TESTING** *(reversal with 3 puffs Ventolin unless otherwise stated)*

- Full Study** (pre and post spirometry, lung volumes, DLCO, SpO2)
- Spirometry** (pre and post spirometry, SpO2)
- Employment Study** (pre spirometry only -- must provide billing information)
- Methacholine Challenge** (Internist or Paediatrician only may order; baseline spirometry required)
- ABG**
- Walking Oximetry**
- Home Oxygen Assessment** (includes ABG and walking oximetry)       **Two step test**

**Home Oxygen Prescription:** Set up Home O<sub>2</sub> at 1-4 lpm to keep SpO<sub>2</sub> at 89% or higher with exertion if patient qualifies as per MOHLTC guidelines.  
\*\*\*\*MD signature \_\_\_\_\_

**Other** \_\_\_\_\_

**CARDIAC DIAGNOSTICS**

- ECG**
- Holter monitor**     **24 hour**     **48 hour**     **72 hour**     **7 day**     **14 day**



RT-0004-0322ab

**PATIENT INFORMATION** (PFT patients)

Occupation: \_\_\_\_\_

Smoking History:

- Never
- Yes \_\_\_\_\_ PPD x \_\_\_\_\_ years or \_\_\_\_\_ pack years
- Quit \_\_\_\_\_ years ago

Allergies:

- none
- medications \_\_\_\_\_
- environmental \_\_\_\_\_
- other \_\_\_\_\_

Dyspnea:

- no
- yes \_\_\_\_\_

Cough:

- no
- yes productive non-productive occasional seasonal

Personal History:

Hospital stays related to respiratory: \_\_\_\_\_  
\_\_\_\_\_

Cardiac history: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family History (respiratory):

- none  asthma \_\_\_\_\_  COPD \_\_\_\_\_
- other \_\_\_\_\_

Oxygen saturation: _____% on <input type="checkbox"/> room air <input type="checkbox"/> oxygen _____ HR _____
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Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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