Essex County Respiratory Services IHF Licence #5906449/1095686

Allen P. Denys, M.D., FRCPC—Medical Director

PHYSICIAN INFORMATION:	**PATIENT INFORMATION:**
Name: _____	Name : _____
Address: _____ City: _____	DOB: (MM/DD/YY) _____ Sex: Male/Female
Prov: _____ Postal Code: _____	Address: _____
Phone: ( )_____Fax: ( )_____	City: _____ Prov: _____Postal Code: _____
OHIP REFERRAL #: _____	Phone (H) ( )_____(W) ( )_____
Family Physician (if different than above): _____	Cell ( )_____
Signature/Date_____	Health Card: _____ Version Code: _____

REQUEST FOR ☐ **TECUMSEH LOCATION**– 11958 Tecumseh Rd ☐ Consultation/Pulmonary Function Testing
☐ **LASALLE LOCATION**-1775 Sprucewood ☐ Pulmonary Function Testing only
☐ Consultation only

URGENCY ☐ Elective ☐ Urgent ☐ Emergent

REASON FOR TESTING:

☐ Cough		
☐ Chest tightness/Wheezing		
☐ Dyspnea		
☐ Asthma	☐ Initial	☐ Follow-Up
☐ COPD	☐ Initial	☐ Follow-Up
☐ Pulmonary fibrosis	☐ Initial	☐ Follow-Up
☐ Industrial Exposure and/or WSIB claim	☐ Initial	☐ Follow-Up
☐ Pre-Operative		
☐ Other (Must specific reason)		

TESTING REQUESTED (may be modified at the discretion of the Medical Director/Quality Advisor):

☐ **FULL PULMONARY FUNCTION TESTING** (Oximetry at rest, spirometry, flow-volume loops with bronchodilator if indicated, lung volumes & plethysmography for airway resistance/lung diffusing capacity).

☐ **SPIROMETRY/FLOW VOLUME LOOPS** (including post bronchodilator study if indicated).

☐ **MIPS/MEPS** (maximum inspiratory/expiratory

☐ **OXIMETRY AT REST**

Note: These testing procedures are complex. Patients <u>not fluent in English</u> will need to be accompanied by an interpreter.

ALLERGIES (include drug/latex): _____

Medical History: _____

_____

Medication (list): _____

_____

SMOKING HISTORY:

☐ Never	☐ Cigarettes	____# of cigarettes/day at most when smoking
☐ Past Year quit: _____	☐ Cigars	____# of cigars/day at most when smoking
☐ Current	☐ Pipe	
	☐ Marijuana	
	☐ Hookah	

The patient will be contacted directly to arrange an appointment. Your office will be faxed the appointment date & time

Appointment Date/Time: _____

Instructions: There is a *<u>$125 charge</u>* for EACH missed/cancelled consultation appointment without *<u>48 business hours</u>* prior notification. There is a *<u>$100 charge</u>* for missed/cancelled pulmonary function testing (body box) appointment without *<u>48 business hours</u>* prior notification.

11958 Tecumseh Road East, Tecumseh, Ontario N8N 2L9—1775 Sprucewood, Unit A11, LaSalle, Ontario N9J 1X7
Bus (519) 739-2727 Fax (519) 739-9542

SMOKING/VAPING SHOULD BE DISCONTINUED ON THE DAY OF TESTING.

MEDICATIONS WHICH INTERFERE WITH PULMONARY FUNCTION TESTING

Some medications will interfere with pulmonary function testing and should not be taken prior to your test, if possible. However, if you do not think that you can go without, or you develop significant respiratory symptoms, then continue your usual routine and inform the therapist that you have taken your medications before starting your test.

AGENT	MEDICATION	ABSTINENCE
Short acting bronchodilators	Salbutamol (airomir; ventolin) Terbutaline (bricanyl)	4-6 hours
Long acting bronchodilators	Formoterol (oxeze) Salmeterol (serevent)	24 hours
Ultra-long acting bronchodilators	Indacaterol Olodaterol Vilanterol	36 hours
Short-acting anticholinergics	Ipratropium (atrovent)	12 hours
Long acting anticholinergics	Aclidinium (tudorza) Glycopyrronium (seebri) Tiotropium; (spiriva) Umeclidinium (incruse)	36-48 hours
Leukotriene receptor antagonist	Montelukast (singulair)	24 hours
Theophylline	Twice daily preparation Once daily preparation	24 hours 48 hours

Anti-inflammatory medications containing steroids do not need to be stopped. These medications include:

- Ciclesonide (Alvesco)
- Fluticasone (Flovent)
- Budesonide (Pulmicort)
- Beclomethasone (QVAR)
- Mometasone (Asmanex)
- Prednisone

However, anti-inflammatory medications which are combination medications need to be stopped according to the table above. These medications include:

- Buesonide/glycopyrronium/formoterol (Breztri)
- Indacaterol/glycopyrronium/mometasone (Enerzair)
- Indacateraol/mometasone (Atectura)
- Salmeterol-fluticasone (Advair)
- Fluticasone-umeclidinium-vilanterol (Trelegy)
- Fluticasone-vilanterol (Breo)
- Formoterol-budesonide (Symbicort)
- Formoterol-mometasone (Zenhale)

Medications containing a long acting bronchodilator and anti-cholinergic need to be stopped for 48 hours. These include:

- Aclidinium-formoterol (Duaklir)
- Glycopyrronium-indacaterol (Ultibro)
- Umeclidinium-vilanterol (Anoro)