



# Respiratory Therapy Diagnostic Services

Bookings (705) 328-6091 Fax (705) 328-6080

Please bring your Ontario Health card with you to your appointment.

WE ARE A FRAGRANCE FREE ENVIRONMENT - NO PERFUMES PLEASE

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PATIENT PHONE NUMBER: \_\_\_\_\_ OHIP #: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ DATE REFERRED: \_\_\_\_\_

### Relevant History & Diagnosis:

**Present Medications:** (Please bring an updated list)

REFERRING DOCTOR: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

ALL OF THE ABOVE MUST BE COMPLETED AND SIGNED BY THE ORDERING PHYSICIAN

### **Pulmonary Function Test:**

Ventolin will be given if indicated (unless otherwise specified).

**Full PFT** (includes SVC, FVL, SBD)

**Basic Spirometry** (includes SVC, FVL)

This test will be done on children 7 – 12 years.  
Children under the age of 7 years will not be tested.

**Home O<sub>2</sub> Assessment**  
(includes ABG's, Oximetry at rest and with exercise.)

### **Other**

**ABG's**

**O<sub>2</sub> Saturation**

**Aerochamber Instruction**

**Peak Flows**

---

### Oxygen Prescription

In the event a patient qualifies for Home Oxygen, they will be set up on liter flow of 2-4 LPM by the HME company of their choice.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_