

## Cardio-Respiratory Referral Form

### Cardio-Respiratory Referral

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone #: \_\_\_\_\_  
 \_\_\_\_\_ Business #: \_\_\_\_\_  
 \_\_\_\_\_ Family MD: \_\_\_\_\_  
 OHIP #: \_\_\_\_\_ Referring MD: \_\_\_\_\_

Office Use Only: CPI # \_\_\_\_\_ Registration # \_\_\_\_\_

#### Cardio-Diagnostics

- 12-lead ECG       Holter Monitor (20 min) 24 hr 48 hr 7 day  
 (Patient must come back the next day)
- Loop Monitor (14 day)       Ambulatory Blood Pressure Monitoring (uninsured service, patient fee of \$75.00, Pt. must return the next day)

#### Pulmonary Function

To be interpreted by: \_\_\_\_\_

- Spirometry Only       Post Bronchodilator
- Full PFT (Pre & post spirometry, lung volumes, CO Diffusion)
- Maximal Static Pressures (MIPS & MEPS)
- Arterial Blood Gases  room air  with Oxygen \_\_\_\_\_ l/m by cannula
- Oximetry  at rest  with exercise  with Oxygen \_\_\_\_\_ l/m
- Home Oxygen Assessment (includes ABG's &/or oximetry)

#### Bronchial Provocation Testing

- Methacholine Challenge       Exercise Challenge  
 Spiriva will block Methacholine Response

**NOTE:** Challenge studies require previously documented pre & post spirometry. Methacholine and exercise studies cannot be done on the same day. Pts. must be cleared from a cardiac standpoint.

Diagnosis \_\_\_\_\_

Pertinent History \_\_\_\_\_

Medications \_\_\_\_\_

Known Allergies \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

52-63209

### Patient Instructions

If you are unable to keep your appointment(s), please give us at least 24 hours notice so that we can allocate the time to another patient and give you a new appointment(s).

#### INSTRUCTIONS FOR PATIENTS HAVING CARDIO-DIAGNOSTIC TESTING

The tests are intended to assist the physician in determining and/or treating persons with heart disease. Please wear loose fitting clothing, two-piece with front opening tops are recommended. Women's nylons must be removed before certain types of testing.

#### INSTRUCTIONS FOR PATIENTS HAVING PULMONARY FUNCTION TESTING

These tests are used to determine the ability of your lungs to move air and to exchange gases.

**MEDICINES -**

**DO NOT TAKE - 6 HOURS BEFORE THE TEST (8 HOURS BEFORE METHACHOLINE TEST) SALBUTAMOL (VENTOLIN, APOSALVENT, AIROMIR), BRICANYL, COMBIVENT.**

**DO NOT TAKE - 12 HOURS BEFORE THE TEST (24 HOURS BEFORE METHACHOLINE TEST) ATROVENT (IPRATROPIUM), SEREVENT, OXEZE, ADVAIR, SYMBICORT, ZENHALE.**

**DO NOT TAKE - 24 HOURS BEFORE THE TEST (48 HOURS BEFORE METHACHOLINE TEST) SINGULAR, ACCOLATE, (OXTRIPHYLLINE) UNIPHYL, TheoDur, THEOPHYLLINE, ANTIHISTAMINE MEDICATIONS, ONBREZE.**

**TAKE** - All other medicines in the usual manner unless you are told not to by your doctor who ordered the test.

**NOTE:** If shortness of breath bothers you when you stop taking your medications begin taking them again in the usual manner.

#### BRONCHIAL PROVOCATION TESTS

These tests are used to determine the sensitivity of your airways. You will be asked to inhale gradually increasing strengths of Methacholine mist or to exercise to a maximal level without a warm-up period. Between each inhalation or at specific time intervals after exercise, breathing tests will be done.

**PLEASE DO NOT TAKE MEDICATIONS AS INDICATED ABOVE.**  
**If you have a chest cold with cough please call and rebook the test.**  
**If you are taking Spiriva contact the referring doctor for instruction.**

IF THERE ARE ANY QUESTIONS ABOUT YOUR APPOINTMENT AND/OR MEDICATIONS PLEASE PHONE THE CARDIO-RESPIRATORY DEPARTMENT AT 327-9115.