

# Idylwyld Medical Centre

10B-502 Idylwyld Dr. N., Saskatoon, SK, S7L 0Z2

Phone: 306 652 0400 | Fax: 306 978 3166

## Spirometry Referral Form

COPD/Asthma/Other Screening

Ordering Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

PHN: \_\_\_\_\_ Sex at birth: M\_\_\_/F\_\_\_

Ordering Physician: \_\_\_\_\_

Family Physician: \_\_\_\_\_

CC: \_\_\_\_\_

### SPIROMETRY

#### Pre- and Post-Bronchodilator Testing

(This test includes flow/volume loops)

Patient History:	Smoking History:
	Relevant Medical History:

Physician Signature: \_\_\_\_\_

### PATIENT INSTRUCTIONS:

- Please arrive 15 minutes before your appointment.
- Avoid a heavy meal 2 hours prior to the test.
- Avoid smoking 2 hours before the test.
- Avoid vigorous exercise 1 hour before the test.
- Avoid alcohol 4 hours prior to the test.
- Avoid wearing clothing that restricts the chest and abdomen.
- Do not wear fragranced products (perfumes, colognes, shower gels etc.).

#### Withhold medications (if possible) as follows:

Short Acting Inhalers	Ventolin, Salbutamol, Airomir, Bricanyl	8 hours before test
Medium Acting Inhalers	Atrovent	24 hours before test
Long Acting Inhalers	SereVent (or Salmeterol), Oxeze/Foradil (or Formoterol), Advair, Symbicort, Zenhale, Breo, Spiriva, Seebri, Tudorza, Ultibro.	24 hours before test
Theophylline/Singular	Once Daily	24 hours before test
Inhaled Steroids alone	Flovent, Pulmicort, QVAR, Alvesco, Asmanex	Take as usual

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_