

SPIROMETRY LABORATORY (Tuesday-Friday)
8:30am - 11:30am & 12:30pm - 4pm

APPOINTMENT IS REQUIRED

Please fax requisition to 604-875-4695 we will book appointments directly with patients.

Gordon & Leslie Diamond Health Care Centre, 7th Floor **(Station 5)**
2775 Laurel Street (Corner of Oak & 12th), Vancouver BC, V5Z 1M9
Telephone: 604.875.4324 Fax: 604.875.4695

- **Anyone < 16 years should be referred to BC Children's Hospital for testing**
- **No interpreter service offered; please bring someone to translate if needed**
- **There is 50\$ No-show or Late cancellation fee for notice less than 48 hours.**

Date: _____

PATIENT NAME: _____

Address: _____

Telephone: (H) _____ (W) _____

PHN: _____ DOB: _____

Gender: Male / Female / Transgender

Infectious Precautions: Y/N

Bronchodilators: Y/N

Beta Blockers: Y/N

Smoking History: Y/N

if yes, # pack yrs. _____

REASON FOR REFERRAL (Presenting concern):

Tests Requested (Please check the boxes):

- Spirometry, Flow/Volume Loop, pre-bronchodilator (15 min.)
- Spirometry, Flow/Volume Loop, post-bronchodilator (30 min.)
- Oximetry – resting (5 min.)
- Oximetry – walking for 3 min. or to tolerance on level surface (5 min.)

****Note: Allergy testing no longer available from August 1, 2018****

REFERRING PHYSICIAN:

NAME (print): _____ MSP No: _____

Phone: _____

Signature: _____ FAX #: _____

CC Report to: _____