Aspire LUNG LAB

Location 1
290 Midpark Way SE #100
Calgary, AB, T2X 1P1

Location 2
236 - 91 Street SW, #210
Edmonton, AB, T6X 1W8

PULMONARY FUNCTION REFERRAL FORM

Central Phone #: 780-756-7786
Fax #: 780-761-3225

PATIENT INFORMATION		***REFERRING PHYSICIAN INFORMATION***	
Name:		**Physician:**	
PHN:	**DOB:**	**PracID:**	
Address:		**Clinic Information:**	
City/Province/Postal Code:		**Address:**	
Phone:		**Phone:**	**Fax:**
Email:		**Physician Signature**	

REASON FOR REFERRAL		☐ ***URGENT REFERRAL***
☐ Asthma	☐ Chest Pain	Other:
☐ COPD	☐ Pneumonia	
☐ Smoker: Current Former	☐ Abnormal CXR / CT	
☐ Cough	☐ Interstitial Lung Disease	
☐ Shortness of Breath	☐ Pre-Surgery	
☐ Occupational Exposure	☐ Annual Referral	

PULMONARY FUNCTION TESTING REQUEST, TESTING AGES 6+
☐ Pulmonary Function Testing – *Diffusion Capacity, Lung Volumes by Plethysmography, Bronchodilator Response* ☐ E-consult (PFT included, the Respirologist will electronically review PFT results, relevant patient history and imaging/test results then provide recommendations within 2 weeks of PFT completion. Suggest to refer patients for CXR if none performed within the last 3 months.) Does not include formal consult services (examination or follow up).
☐ Spirometry and Diffusion Capacity – *Includes bronchodilator response testing*
☐ Spirometry - *Includes bronchodilator response testing*
☐ Other (please specify):
☐ Pulmonary Consult (Edmonton location only, in person Respirology consult, PFT included, please indicate reason for request above)

HISTORY / COMMENTS
RESPIRATORY MEDICATIONS
☐ Please check mark if patient is NOT to withhold current inhalers (ie. testing new inhaler treatment response)
SPECIAL NEEDS
☐ Interpreter needed ☐ Hearing Impaired ☐ Immunocompromised ☐ Mobility limitations

PLEASE FAX TO ASPIRE LUNG LAB AT FAX: 780-761-3225, WE WILL CONTACT THE PATIENT DIRECTLY TO BOOK APPT