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***		***SLEEP APNEA TESTING*** *(Sleep Partner Clinic)*
☐ thma	☐ est Pain	☐ dult Home Sleep Apnea Test
☐)PD	☐ eumonia	☐ dult HSAT + ENT Referral(consult letter req - Edm location only)
☐ noker: Current Former	☐ normal CXR / CT	
☐ ugh	☐ terstitial Lung Disease	
☐ ortness of Breath	☐ e-Surgery	
☐ cupational Exposure	☐ nual Referral	

PULMONARY FUNCTION TESTING REQUEST, TESTING AGES 6+
☐ ulmonary Function Testing – *Diffusion Capacity, Lung Volumes by Plethysmography, Bronchodilator Response*
☐ 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). E-Consult for ages 18+
☐ pirometry and Diffusion Capacity – *Includes bronchodilator response testing*
☐ pirometry - *Includes bronchodilator response testing*
☐ ther (please specify):
☐ ulmonary 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			
☐ nterpreter needed	☐ earing Impaired	☐ mmunocompromised	☐ Mobility limitations

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