



# ALEXANDRA MARINE & GENERAL HOSPITAL

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Cardiorespiratory Manual

X5474

## Cardio-Respiratory Services Requisition

Patient Name: _____	Alternate Phone #: _____
Date of Birth (dd/mm/yyyy): _____	Health Card #: _____
Telephone #: _____	WSIB#: _____
<b>Patient will be notified by email, if email provided.</b>	Patient Email: _____
(Patient understands email may not allow secure communication)	

Clinical Information \_\_\_\_\_

Medication List (required): \_\_\_\_\_

### Pulmonary Function Testing

- Full PFT** (refer to protocol): (Hemoglobin required for Diffusion)  
Pre/Post SABA (400mcg Ventolin) Spirometry, Volumes, Diffusion Hb \_\_\_\_\_, Airway Resistance, O<sub>2</sub> Saturation  
(No smoking, caffeine, or puffers 4-6 hours prior to test, bring puffers to test if available)
- Spirometry Pre/Post SABA (400 mcg Ventolin)**: (for screening and/or follow-up)  
(No smoking, caffeine, or puffers 4-6 hours prior to test, bring puffers to test if available)
- Spirometry Only** (No smoking, caffeine, or puffers 4-6 hours prior to test, bring puffers if available)
- Arterial Blood Gases:**
  - Room Air       For Home O<sub>2</sub>       On O<sub>2</sub> \_\_\_\_\_ L/m
- Oximetry**
  - At rest
  - With exercise (6 minutes brisk walking – may include stairs)
  - Overnight

### Cardiology Test

- Stress Testing (Stress Test Only - Internal Medicine consultation is not included if ordered on this form)**  
Please include relevant clinical information above. Includes Exercise Oximetry. Running shoes and medication list required. Ladies should wear a bra and a loose fitting, short sleeved blouse or t-shirt.
- Ambulatory Blood Pressure Monitoring:**  
Instructions: Please wear a loose short sleeved top. Test is not covered by OHIP. You will be invoiced. Bring a medication list.
- Electrocardiogram (ECG/EKG)**  
Instructions: Please don't use oils/powders on chest/arms/legs prior to testing.
- Holter Monitor:**    24hour    48hour    14 days  
Instructions: Please don't use oils/powders on chest/arms/legs prior to testing. Ladies should wear a bra and a loose fitting blouse or t-shirt. Please bring medication list.

\_\_\_\_\_  
Practitioner's Signature

\_\_\_\_\_  
Practitioner's Name (Print)

\_\_\_\_\_  
Date (dd/mm/yyyy)