University of Regina
Kinesiology & Health Studies

Centre for Health, Wellness and Performance

SPIROMETRY TESTING REFERRAL

Fax: (306) 585-5363 Tel: (306) 585-4004

Client Name: _____, _____ **DOB:** _____/_____/_____
(Please Print) Last name First name mm dd yyyy

Phone (h): _____ **(w):**_____ **Family Physician:** _____

Diagnosis: _____

Current Respiratory Medications: _____

_____

Service(s) Requested: (Please select one of the following)

□ Standard Spirometry Testing

□ Reversibility Testing (Pre/Post)
- □ Salbutamol (4 inhalations)
- □ Terbutaline (2 inhalations)
- □ Ipratropium (4 inhalations)
- □ Other: _____

□ Yes □ No Patient has been provided a prescription for the above Reversibility Testing?

□ Yes □ No Is the patient permitted to withhold respiratory medications prior to testing?

If "No," please identify which medications must NOT be withheld? _____

Patient Pre Test Instructions:

- No smoking 1 hour before the test.
- No testing if patient has a cold (unless indicated by Doctor).
- Patient must bring all respiratory medications to appointment.

Medication	Time to Withhold
Short-Acting Bronchodilators: Salbutamol (Ventolin, Airomir, Ratio-Salbutamol, Apo-Salvent, etc), Ipratropium Bromide (Atrovent), Terbutaline (Bricanyl)	4 hours
Long-Acting Bronchodilators: Sameterol (Serevent), Formoterol (Oxeze), Combination Medications: Advair (Salmeterol/Fluticasone, Symbicort (Budesonide/Formoterol)	12 hours
Theophylline: Theo-Dur	12 hours
Once-a-Day Medications: Tiotropium (Spiriva), Montelukast Sodium (Singulair)	24 hours
Corticosteroids: Inhaled: Fluticasone (Flovent) Budesonide, Pulmicort, Ciclesonide (Alvesco), Beclomethasone (Qvar) Oral: Prednisone	Do not stop

Physician Name: _____ **Phone #:**_____
(please print)

Signature: _____ **Date:** _____/_____/_____
mm dd yyyy

*****Please complete referral form and return by fax to (306) 585-5363*****