

15353-97 Street, Edmonton, AB T5X 5V3  
Phone (780) 456-5766 Fax (780) 456-0446

**PATIENT INFORMATION:**

PERSONAL HEALTH NUMBER: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ GENDER: Male/Female  
MONTH / DAY / YEAR**REQUISITION FOR:**

- Complete Pulmonary Function Test/Oximetry\*\*(see below)
- COPD/Asthma Education

- Pulmonary Consult
- COPD Rehabilitation

**SYMPTOMS AND CURRENT HISTORY:****PHYSICIAN INFORMATION:**

REFERRING PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

PRACTITIONER ID#: \_\_\_\_\_

FAMILY PHYSICIAN (if different than referring): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

PRACTITIONER ID#: \_\_\_\_\_

\*If possible, patient should avoid taking any short-acting bronchodilators for **4 hours** prior to testing, eg. Atrovent, Bricanyl, Ventolin

\*If possible, patient should avoid taking any long-acting bronchodilators for **12 hours** prior to testing, eg. Advair, Oxeze, Serevent, Spiriva, Symbicort