



Section of Pulmonary and Critical Care Medicine Pulmonary Function Lab Referral

Today's Date:	DOB:	Pref Gender:
Patient's Name: Last	First	MI
Address:		
Home phone:	Mobile:	Work:
Referring Physician:		
Address:		
Office Phone:	Office Fax:	Contact Name:

Reason for testing: Dyspnea Wheezing Cough Asthma COPD Interstitial lung disease Other:

Suggested Initial Tests for Common Problems

Dyspnea – PFT Basic Bundle, Pulse oximetry while ambulating	Interstitial lung disease - PFT Basic Bundle, Pulse oximetry while ambulating
Wheezing, Cough or Asthma - Spirometry without bronchodilator	Neuromuscular Disease - Spirometry without bronchodilator, Mouth Pressures, Pulse Oximetry (resting)
COPD – PFT Basic Bundle, Pulse oximetry while ambulating	

Basic Tests

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| <input type="checkbox"/> PFT Basic Bundle (Spirometry, DLCO, Resting Oximetry) | <input type="checkbox"/> Diffusing Capacity (DLCO) |
| <input type="checkbox"/> Pulse Oximetry – While ambulating | <input type="checkbox"/> 6-minute walk test (Exercise test for assessing functional limitation in pulmonary and cardiac disease) |
| <input type="checkbox"/> Spirometry without Bronchodilator | <input type="checkbox"/> Lung Volumes (For further evaluation of restriction or air trapping, not indicated in most patients) |
| <input type="checkbox"/> Spirometry Pre- and Post-bronchodilator | |

Oximetry

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| <input type="checkbox"/> Pulse Oximetry – Resting | <input type="checkbox"/> Pulse Oximetry – Overnight (NOT a suitable screening test for OSA) |
| <input type="checkbox"/> Pulse Oximetry – While ambulating | <input type="checkbox"/> High Altitude Simulation Test (Intended for evaluating need for supplemental oxygen for air travel. Generally not indicated for patients with resting saturation of 95% or higher.) |
| <input type="checkbox"/> Home Oxygen Evaluation | |

Adjunctive Tests for Asthma

- Exhaled nitric oxide** (may not be covered by some payors)
- Bronchial Challenge with Methacholine** (Test will not be performed in patients without baseline PFTs or PFTs with obstruction OR FEV1 or FVC less than 60% predicted. This test is most appropriate for ruling out asthma in patients with typical asthma symptoms with normal baseline spirometry who have not responded to guideline-based asthma therapy including inhaled steroids.)
- Exercise Induced Asthma** (Patient must run on a 12% gradient for 15 minutes for adequate test. We require baseline PFTs before scheduling.)

Tests of Respiratory Muscle Function

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| <input type="checkbox"/> Mouth Pressures (MIP/MEP) | <input type="checkbox"/> Spirometry seated and supine |
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Specialized Tests

- Cardiopulmonary Exercise Test** (Generally ordered by Cardiologists or Pulmonologists as part of transplant evaluation or as a final step on extensive but negative evaluation of dyspnea. This is a *low-yield* test for identification of sources of dyspnea in most patients including those with history of COVID-19 and is not an appropriate first line test for evaluation of dyspnea in patients with high pre-test probability of coronary artery disease. Patient must be able to use a stationary cycle or treadmill and tolerate a tight-fitting mask. May not be covered by some payors.)
- Oxygen Shunt Study** (Determination of shunt fraction)

Referring Provider Signature: _____ Date _____