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## WALK-IN SPIROMETRY LABORATORY (Tuesday-Friday) 8:30am - 11:30am & 12:30pm - 4pm

**NO APPOINTMENT REQUIRED - please bring referral form with you  
(Testing occurs in the order of arrival)**

Gordon & Leslie Diamond Health Care Centre, 7<sup>th</sup> Floor **(Station 5)**  
2775 Laurel Street (Corner of Oak & 12<sup>th</sup>), Vancouver BC, V5Z 1M9  
Telephone: 604.875.4324 Fax: 604.875.4695

- **Anyone < 16 years should be referred to BC Children's Hospital for testing**
- **No interpreter service offered; please bring someone to translate if needed**

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Date: \_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

PHN: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: Male / Female / Transgender

Infectious Precautions: Y/N

Bronchodilators: Y/N

Beta Blockers: Y/N

Smoking History: Y/N

if yes, # pack yrs. \_\_\_\_\_

**REASON FOR REFERRAL** (Presenting concern):

**Tests Requested** (Please check the boxes):

Spirometry, Flow/Volume Loop, pre-bronchodilator (15 min.)

Spirometry, Flow/Volume Loop, post-bronchodilator (30 min.)

Skin testing (20 allergens), for trigger avoidance (20 min.)

**\*Please give patient information on medications to withhold for skin testing\***

Oximetry – resting (5 min.)

Oximetry – walking for 3 min. or to tolerance on the level (5 min.)

**REFERRING PHYSICIAN:**

NAME (print): \_\_\_\_\_ MSP No: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ FAX #: \_\_\_\_\_

**CC Report to:** \_\_\_\_\_

**(PLEASE ARRIVE 30min. PRIOR to CLOSING time to ensure you can be tested)**