



Kaye Edmonton Clinic
 11400 University Avenue, Rm. 3D101,
 Edmonton, Alberta, T6G 1Z1
 Ph. (780)407-6212

Last Name	
First Name	
PHN#	Birthdate(yyyy-Mon-dd)

University of Alberta Hospital Pulmonary Function Laboratory Exercise Test Requisition

Fax Requests to 780-492-6739

Phone 780-492-7990

Office Only

- Location of Testing
- Kaye Edmonton Clinic 11400 University Avenue, Reception 3D.101
- Walter C. Mackenzie Health Science Center/Stollery Children's Hospital 8440 112 Street, Reception 2E

Appointment Date (yyyy-Mon-dd)	Approved By
Time (hh:mm)	Approval Date (yyyy-Mon-dd)
Ordering Physician	Date of Request (yyyy-Mon-dd)
Office Phone	Office Fax

Relevant Clinical History

Clinical Question to be Answered

Comments/Special Request

Allergies

Medications (List)

Physicians Pre Approved by Medical Director

Type of Exercise Test Requested	Additional Comments
<input type="checkbox"/> Exercise Challenge <input type="checkbox"/> Maximal Cardiopulmonary Exercise Test <input type="checkbox"/> Symptom Limited Sub-Maximal Exercise Test	
Required Documentation	
<input type="checkbox"/> Flow Volume Loops with Bronchodilator (PFT if available) <input type="checkbox"/> Medication list attached or listed above <input type="checkbox"/> ECG if age greater than or equal to 45 years or if known heart disease (Within 6 mos)	

Test Requirements

In requesting this exercise test I certify that

a.) the patient is reasonably able to perform cycle ergometry

b.) there are no known or suspected absolute or relative contraindications to exercise testing (*see over for a list of exercise test contraindications*). **If there are relative contraindications please list**

Physician/Designate Name (Last Name, First Name)	Signature	Date (yyyy-Mon-dd)
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For patient information regarding test instructions, please refer to the patient information sheet of the test.