



# DURHAM PULMONARY & SLEEP SERVICES

**DR. GEORGE PHILTEOS & ASSOCIATES**

Respiratory, Sleep Services & Medical Consultations

601 Harwood Avenue S., Suite 201  
Ajax, ON L1S 2J5

Fax: 905.427.0346

## PATIENT INFORMATION

Name: \_\_\_\_\_  
 Date of Birth: DD / MMM / YYYY      Age: \_\_\_\_\_ M  F   
 Tel. (H): \_\_\_\_\_ (Cell): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 OHIP: \_\_\_\_\_  
 Version: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## REFERRING PHYSICIAN

Name: \_\_\_\_\_  
 No.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Date of Request: DD / MMM / YYYY  
 Signature: \_\_\_\_\_

## SERVICES REQUESTED

URGENT

ROUTINE

### SLEEP STUDY

Phone: (905) 239-0021

- Sleep Study & Consultation
- Sleep Study Only:
  - Diagnostic Sleep Study
  - CPAP Titration
  - Check if patient had previous sleep study,  Yes  
Details: \_\_\_\_\_

#### REASON FOR REFERRAL

- Snoring
- Witnessed Apnea
- Daytime Fatigue
- Narcolepsy
- Insomnia
- Parasomnias
- Unrefreshing Sleep
- Interrupted Sleep
- Other: \_\_\_\_\_

### PFT (RESPIRATORY STUDY)

Phone: (905) 239-0225

- Full Pulmonary Function Testing or any of its components, which include:
  - Spirometry
  - Lung Volumes
  - Diffusion
  - Oximetry
- Bronchodilator (if required)

#### REASON FOR REFERRAL

- Assessment of Respiratory c/o  Wheeze  SOB  Cough
- Assessment of
  - Asthma  COPD  ILD
- F/Up Chronic Lung Disease
  - Specify \_\_\_\_\_
- Routine
- Other: \_\_\_\_\_

Please provide patient with instructions at the back

### CONSULTATION

Phone: (905) 239-0225

- Respiratory  Sleep

- Dr. Philteos
- Dr. Chelvanathan
- Dr. O'Loughlen

First Available

#### REASON FOR REFERRAL

- New c/o, explain: \_\_\_\_\_
- Chronic Disease management, explain: \_\_\_\_\_
- Other, specify: \_\_\_\_\_

Please attach relevant previous consultation note, sleep study, radiology, PFT, blood work.

## PAST MEDICAL HISTORY

- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Heart Failure          | <input type="checkbox"/> Stroke              | <input type="checkbox"/> Lung Disease |
| <input type="checkbox"/> Ischemic Heart Disease | <input type="checkbox"/> Seizure             | <input type="checkbox"/> Asthma       |
| <input type="checkbox"/> Hypertension           | <input type="checkbox"/> Other Neuro Disease | <input type="checkbox"/> COPD         |
| <input type="checkbox"/> Arrhythmia             | <input type="checkbox"/> Mood Disorder       | <input type="checkbox"/> ILD          |
| <input type="checkbox"/> Other: _____           | <input type="checkbox"/> DM                  |                                       |

- Non-smoker  Former Smoker # of years quit \_\_\_\_\_
- Smoker #packs/day \_\_\_\_\_ x# years \_\_\_\_\_

## MEDICATIONS

1. \_\_\_\_\_ 2. \_\_\_\_\_  
 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 5. \_\_\_\_\_ 6. \_\_\_\_\_  
 Allergies: \_\_\_\_\_  Latex Allergy

Attach List if necessary

## APPOINTMENT

Lab: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

## FOR PFT

Last inhaler used: \_\_\_\_\_  
 When last taken: \_\_\_\_\_  
 Last blood Hgb level: \_\_\_\_\_ When tested: \_\_\_\_\_

## SPECIAL ACCOMMODATIONS

- Wheelchair  Shift Worker
- O<sub>2</sub> User  Need companion or translator
- Other: \_\_\_\_\_



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### INSTRUCTIONS FOR PULMONARY FUNCTION TESTING

Please read completely and follow the recommendations.

- A. Bring your valid Health Card
- B. Medications to be held before the test
  1. For 4 hours: Short-acting (rescue) inhalers  
**(Ex. Ventolin, Bricanyl)**
  2. For 8 hours: Short-acting (SAMA)  
**(Ex. Ventolin, Bricanyl)**
  3. For 24 Hours: Long acting Bronchodilators (LABA/LAMA)  
**(Ex. Advair, Symbicort, Spiriva, Tudorza, Ultibro, Elipta Inhaler, etc.)**
  4. For 48 hours: Theophylline (once daily preparation)  
**(Ex. Uniphyll)**
- C. If you feel unwell and need to take your puffers, especially the short acting, take it and inform us.
- D. If you are suffering cold symptoms, inform us.
- E. Food/activities to be held before the test:
  1. For 1 hour: smoking, vigorous exercise
  2. For 2 hours: large meals
  3. For 4 hours: Alcohol, caffeinated beverages (ex. tea, cola, coffee, chocolate)
- F. Please wear comfortable clothes and avoid wearing clothing that substantially restrict full chest and abdominal expansion.
- G. Please bring list of your current medications. If you use aero chamber for inhalation of puffers, please bring it with you.
- H. **Contraindications for PFT testing.** If you have any of these conditions notify us, preferably ahead of the test time.
  1. Current acute febrile respiratory illness (respiratory symptoms and fever more than 38.2°C)
  2. Severe aortic stenosis
  3. Recent pneumothorax (punctured lung leading to air escaping in pleural cavity)
  4. Active TB Infection
  5. Severe unstable angina (recent worsening of angina/chest pain – chest pains happening at rest needing frequent Nitoglycerine to resolve it)
  6. Myocardial infarctions less than four weeks
  7. Significant active hemoptysis (coughing up frank blood)
  8. Advanced pregnancy (near term)
  9. Recent eye/abdominal surgery
- I. If you are unable to keep this appointment, please call us in advance, at lead **48 hours** to reschedule or cancel, otherwise a no-show fee of \$50.00 will apply.