



## CARDIOPULMONARY SERVICES

**Phone Number: (860) 545-9447**

**Fax Number: (860) 837-7614**

\*PLEASE ATTACH PATIENT DEMOGRAPHICS/INSURANCE INFORMATION & LAST VISIT NOTE TO EXPEDITE SCHEDULING.\*

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Diagnosis/Symptoms: \_\_\_\_\_  
\_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Physician Fax: \_\_\_\_\_

Please Check Procedure Requested	
<input type="checkbox"/>	<b>POST BRONCHODILATOR:</b> 4 puffs of Albuterol via MDI with holding Chamber
<input type="checkbox"/>	<b>SPIROMETRY:</b> Check for asthma or other obstructive airway diseases (Ages 5+)
<input type="checkbox"/>	<b>COMPLETE PULMONARY FUNCTION TEST(CPFT):</b> Check for restrictive lung disease (Ages 8+)
<input type="checkbox"/>	<b>SINGLE BREATH DLCO:</b> Check the diffusing capacity of the lung for carbon monoxide
<input type="checkbox"/>	<b>FENO:</b> Checks for inflammation
<input type="checkbox"/>	<b>INDIRECT CALORIMETRY:</b> Nutritional Assessment
<input type="checkbox"/>	<b>CAR SEAT TESTING:</b> Report oxygen saturation and heart rate obtained by pulse oximetry
<input type="checkbox"/>	<b>PULSE OXIMETRY:</b> Non-invasive analysis of oxygen saturation
<input type="checkbox"/>	<b>EXTENDED PULSE OXIMETRY:</b> Non-invasive analysis of oxygen saturation at rest and stress
<input type="checkbox"/>	<b>AIRWAY CLEARANCE TEACH:</b> Instructions on how to stimulate movement of secretions
<input type="checkbox"/>	<b>SIX MINUTE WALK TEST:</b> Evaluate exercise capacity and monitor oxygen capacity
<input type="checkbox"/>	<b>MEP/MIP/PEAK COUGH:</b> Evaluate thoracic muscle strength and cough effectiveness
<input type="checkbox"/>	<b>EXERCISE CHALLENGE TEST:</b> Check for exercise induced asthma (includes spirometry test)
<input type="checkbox"/>	<b>METHACHOLINE CHALLENGE:</b> Check for airway hyperresponsiveness (includes spirometry test)

ADDITIONAL COMMENTS: \_\_\_\_\_  
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