

Service	Form name	Information Provider needs to fill in	Documentation/Labs/PreWork/Etc (* if optional)
Pulmonary Medicine	Referral Form (General Pulmonary Referral Form)	<p>Seen by Pulmonary in past? Seen by?</p> <p>Spoke to which Pulmonologist about Patient?</p> <p>Reason for Referral</p> <p>Patient on oxygen?</p> <p>Signs and symptoms (check all that apply): Hemoptysis?</p> <p>Shortness of Breath? Productive cough? Unproductive</p> <p>Medical history (check all that apply): Lung Cancer, TB, COPD, Emphysema, Obstructive Sleep Apnea, Other Medical history:</p> <p>Thoracic Surgery History:</p> <p>Tobacco history: Current smoker, past, current smokeless tobacco, past, second hand smoke, None?</p> <p>Pack of cigarette/smokeless tobacco per day and pack/can years:</p> <p>Year quit tobacco use:</p>	<p>CT Thorax without contrast*</p> <p>AFB Sputums x 3*</p> <p>Chest Xrays*</p> <p>Bloodwork*</p> <p>Bronchoscopy*</p> <p>Pulmonary Function Tests*</p> <p>CT Guided Needle Biopsy*</p> <p>Other*</p> <p>Please telerad all Chest Xrays and/or CT Scans of Chest to ANMC Radiology or FedEx them</p>
Pulmonary Medicine	Latent TB Referral Form	<p>Reason for referral</p> <p>Date started treatment</p> <p>Location of treatment</p> <p>Exposure to TB: Year and By</p> <p>Other</p>	
Pulmonary Medicine	Pre Op Clearance for Internal Medicine	<p>Pulmonary Disease? COPD, Past Smoker, Current Smoker, Asthma, Obstructive Sleep Apnea, Other:</p> <p>Surgery:</p> <p>Date of surgery:</p> <p>Last PFT's (within last 6 months)</p> <p>If NO PFT's in last 6 month order:</p> <p>Full PFTs</p> <p>Pre and Post Spiro</p> <p>6 min walk for distance</p> <p>6 min walk for ex ox</p> <p>6 min walk for titration</p> <p>Notes:</p>	
Pulmonary Medicine	Sleep Clinic Referral Form	<p>Pt. seen / reviewed by: Dr. Wurth; Dr. Madhani-Lovely; Dr. Wells</p> <p>Orders: Pre-Screen by Sleep Clinic Provider before schedule; Home Sleep Study; Titration study</p> <p>Other notes:</p>	