

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>	

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Pulmonary Medicine	Sleep Laboratory Referral Sheet	BMI Comorbidities: COPD? HTN? Diabetes? CAD? CHF? Current tracheostomy? Pain? Hypoventilation? CVA? COPD (What is the FEV?): CHF (What is the EF?): Other: Symptoms: Snoring, Witnessed Apnea, Leg Cramps, Waking to restroom, Dry mouth, Sleep paralysis, Pt. requires equip? Wheelchair? Walker? Assistance to Toilet? Interpreter? Uses O2 continuous? Uses O2 Pertinent Info to aid in treatment of this patient:	Medication List
SCF	SCF OB Transfer Prenatal	Reason for Transfer Indicate any labs that are NOT included and why Additional pertinent information	Prenatal Flow Sheet Prenatal History - ensure at least month and year of all deliveries, TABs, and SABs are on record and legible Ultrasound report Prenatal visits PAP Report If Previous C/S - Operative report If patient desires BTL - Consent form Lab Reports required: HGB/HCT (hemoglobin)-CBC; GC; Chlamydia; RPR; HIV; MSAFP or Quad Screen; Glucola or Immunization Records On the prenatal flow record: PPD Placement and reading; HEP B Vaccine x 3; TD Immunization Date
Sleep Studies Lab	Sleep Laboratory Referral Sheet	BMI Comorbidities: COPD? HTN? Diabetes? CAD? CHF? Current tracheostomy? Pain? Hypoventilation? CVA? COPD (What is the FEV?): CHF (What is the EF?): Other: Symptoms: Snoring, Witnessed Apnea, Leg Cramps, Waking to restroom, Dry mouth, Sleep paralysis, Pt. requires equip? Wheelchair? Walker? Assistance to Toilet? Interpreter? Uses O2 continuous? Uses O2 Pertinent Info to aid in treatment of this patient:	Medication List