1500

NORTHSIDE HOSPITAL

PULMONARY HEALTH AND REHABILITATION PHYSICIAN REFERRAL

Patient Name (Print): _____ DOB: _____

Patient Telephone Number: _____

1. Please check all diagnoses with ICD-10 codes that apply.

- ☐ COPD ICD 10 J44.9
- ☐ Pulmonary Fibrosis ICD 10 J84.10
- ☐ Pulmonary Hypertension ICD 10 I27.20
- ☐ Other Pulmonary Diagnosis

_____

ICD 10: _____

- ☐ Other Pulmonary Diagnosis

_____

ICD 10: _____

2. Gold Stage (For patients w/COPD, please check one)

- ☐ Stage 1: Mild COPD (FEV_1/FVC <70%) ($FEV_1 \geq$ 80% predicted)
- ☐ Stage 2: Moderate COPD (FEV1 /FVC<70%) (50%< FEV_1< 80% predicted)
- ☐ Stage 3: Severe COPD (FEV_1/ FVC < 70%) (30% < FEV_1< 50% predicted)
- ☐ Stage 4: Very Severe COPD (FEV_1/FVC < 70%) (FEV_1< 30% predicted)

3. PFTs (Mandatory for COPD patients with preferred PFTS to be completed within 12 months of entry into pulmonary rehab program; *optional for other diagnosis*).

- ☐ PFTs performed in office, to be sent with referral
- ☐ Perform complete PFT pre/post bronchodilator for COPD patients that have not had a PFT in past 12 months
  - ○ Albuterol (0.083%) 2.5mg/3ml aerosol PRN x1 only for bronchodilation during pulmonary function testing

Please Fax referral form to **ONE** of the listed locations below

Atlanta
993-C Johnson Ferry Rd NE
Suite 100
Atlanta, GA 30342
Phone: 404-236-8216
Fax: 404-252-9946

Cherokee
470 Northside Cherokee Blvd
Suite 355
Canton, GA 30115
Phone: 770-721-9160
Fax: 404-250-8279

Forsyth
1400 Northside Forsyth Drive
Suite 170
Cumming, GA 30041
Phone: 770-844-3822
Fax: 770-844-3503

Gwinnett
665 Duluth Hwy
Suite 600
Lawrenceville, GA 30046
Phone: 678-312-3692
Fax: 678-312-3476

Orders

1. Please evaluate patient for the Pulmonary Rehabilitation program including evaluation of functional capacity
2. After review of current criteria, designate participation in either Phase 2 (Monitored) or Phase 3 (Maintenance) Rehab program.
3. Administer oxygen therapy per protocol located in Lucidoc.
4. Measure blood glucose pre/post-exercise per protocol in Lucidoc.
5. Respiratory medications brought in by patient, (inhalers) may be self-administered by the patient in accordance to hospital policy.

_____ receiver's initials — Verbal or telephone order read back and verification complete

_____
Physician Signature / ID number — Date/time

Original - Chart