

# Pulmonary Clinic Referral Form



**PLEASE PRINT**

\*Patient Name \_\_\_\_\_ \*Patient Date of Birth \_\_\_\_\_  
 \*Patient Street Address \_\_\_\_\_ \*Patient City/State \_\_\_\_\_  
 \*Patient Phone Number \_\_\_\_\_  
 \*Referring Provider Name & Address \_\_\_\_\_  
 \*Referring Provider Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 \* Urgent Referral? No Yes If yes, why? \_\_\_\_\_

**PLEASE SEND THE INFORMATION BELOW ALONG WITH THE REFERRAL FORM TO EXPEDITE SCHEDULING.**

\*Pertinent records/referral letter No Yes: Please FAX  
 \*Has patient had pulmonary function tests? No Yes: Please FAX PFTs  
 \*Has patient had chest x-rays/thoracic CT? No Yes: Please transfer via PACS or Power Share  
 \*Has patient had lung biopsies? No Yes: please FAX biopsy reports  
 \*Specific symptom/diagnosis for referral \_\_\_\_\_

**\*Which of our clinics would you like to refer to?**

GENERAL PULMONARY CLINIC REFERRALS

Charlottesville PH 800-552-3723 or 434-924-5219 FAX 434-244-7509  
 Fishersville PH 844-472-8711 FAX 434-243-7708  
 Zion Crossroads PH 855-289-7251 FAX 434-243-9499

SLEEP CLINIC REFERRALS

PH 434-982-0407 FAX 434-982-0402

COVID CLINIC REFERRALS (INCLUDES COVID RELATED ILD)

PH 434-982-6843 FAX 434-243-9800

SUBSPECIALTY PULMONARY CLINIC REFERRALS

PH 800-552-3723 or 434-924-5219 FAX 434-244-7509

Asthma	COPD	Cystic Fibrosis/ Bronchiectasis	Interstitial Lung Disease (ILD)	Pulmonary Nodule/ Advanced Diagnostics/ Interventional Pulmonary	Onco-Pulmonary
- Severe Persistent asthma - Biologic therapy - Bronchial Thermoplasty - Allergic Bronchopulmonary Aspergillosis (ABPA) - Eosinophilic granulomatosis with polyangiitis (Churg-Strauss)	- Alpha-1 Antitrypsin Deficiency - Severe COPD with frequent exacerbations - Lung Volume Reduction & Endobronchial Valve Evaluation	- CF (age > 18) - Non-CF Bronchiectasis - Primary Ciliary Dyskinesia - Non-Tuberculous Mycobacteria (NTM)	- Connective Tissue Disease related ILD - Pulmonary Vasculitis - Cryptogenic Organizing Pneumonia (COP) - Usual Interstitial Pneumonia (UIP) - Idiopathic Pulmonary Fibrosis (IPF) - Non-specific Interstitial Pneumonia (NSIP) - Hypersensitivity Pneumonitis. - Sarcoidosis - Cystic Lung Diseases - Pulmonary Alveolar Proteinosis (PAP)	- Pulmonary nodule or mass - Thoracic lymphadenopathy - Pleural Effusion /Tunneled Pleural Catheter Placement - Hemoptysis - Airway obstruction - Airway Therapeutics (Rigid bronchoscopy/ Stent placement/ Cryotherapy/ Laser)	- Checkpoint inhibitor related pulmonary toxicity - Pulmonary infiltrates in an Immunocompromised patient with malignancy receiving chemotherapy - Drug induced pneumonitis - Radiation pneumonitis. - Stem cell transplant patient (or candidate) with abnormal lung function or respiratory symptoms

**\*Required. Appointment will only be scheduled once all required information has been received.**