

**Fax to: Ashleigh Jackson**

**Fax #: 434-924-8774**

(Please Print)

Lung Only    Lung and Heart    Consult Only    Other Eval/Procedure \_\_\_\_\_

Today's date:		Name of Practice:				
Address:			Phone: (    )		Fax: (    )	
Referring Provider:			Contact Person:			
Preferred way to contact: Fax ___ Phone ___ Email: _____ Do you use Epic Yes ___ No ___						
PCP (if different from referring):						
PATIENT INFORMATION						
Patient's last name:		First:	Middle:	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date / /	Soc. Security Number - - - - -
Street address:			PO Box:		Home phone: (    )	
City:		State:	ZIP Code:	Work phone: (    )	Cell phone: (    )	
Name Additional Contact:		Relation to Patient:		Primary phone: (    )	Cell phone: (    )	
Race:		Ethnicity:		Preferred Language: Interpreter Needed: <input type="checkbox"/> Y <input type="checkbox"/> N	Marital Status:	
INSURANCE INFORMATION						
( Please Include Copy of Insurance Card )						
Is this patient covered by insurance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Please indicate primary Insurance:						
Subscriber's name:		Subscriber's S.S. no.:	Birth date: / /	Group no.:	Policy no.:	
Name of secondary insurance (if applicable):		Subscriber's name:		Group no.:	Policy no.:	
LUNG DIAGNOSIS INFORMATION						
(Please Check All That Apply)						
<input type="checkbox"/> COPD <input type="checkbox"/> CF <input type="checkbox"/> IPF <input type="checkbox"/> ILD <input type="checkbox"/> Sarcoidosis <input type="checkbox"/> Other _____						
PLEASE INCLUDE THE FOLLOWING AVAILABLE RECORDS						
<input type="checkbox"/> 3 Months Clinic Notes  <input type="checkbox"/> CXR Results  <input type="checkbox"/> All Path Reports  <input type="checkbox"/> Immunizations			<input type="checkbox"/> Cardiac Cath  <input type="checkbox"/> EKG/ECHO  <input type="checkbox"/> Chest CT  <input type="checkbox"/> PFTs/6 minute walk			

**PO Box 800265, Charlottesville, VA 22908**

**Phone: 1-800-257-0757**

**For UVA Transplant Staff Only**

**Date Received:** \_\_\_\_\_

**Received By:** \_\_\_\_\_