Pulmonary Clinic Referral Form



PLEASE PRINT

Patient Name		*Patient Date of Birth		
Patient Street Address				
Patient City/State				
Patient Phone Number				
PLEASE SEND THE INFORMATION BELOW ALONG WITH THE R	EFERR/	AL FORM TO EXPEDITE SCHEDULING.		
*Pertinent records/referral letter	□No	□Yes: Please FAX		
•				
*Has patient had pulmonary function tests?				
*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 844-472-8712	
☐ 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			FAX 434-243-9800	
\square SUBSPECIALTY PULMONARY CLINIC REFERRALS	S	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 Broncho- pulmonary Aspergillosis (ABPA) - Eosinophilic granulomatosis with polyangiitis (Churg-Strauss)	- Alpha-1 Anti- trypsin 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 Immunocompromise d patient with malignancy receiving chemotherapy - Drug induced pneumonitis - Radiation pneumonitis Stem cell transplan patient (or candidate) with abnormal lung function or respiratory symptoms