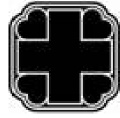

Beaufort Memorial
HOSPITAL

Pulmonary Rehab Physician Referral

Patient Information		**Pt Acct #:**
Patient Name (Last, First, MI)		
Address:		
DOB	**Sex** ☐ **M** ☐ **F**	**Patient SS#**

Referral For: ☐ Pulmonary Rehab

Diagnosis: ☐ COPD (J44.9)*Please send recent PFT with post bronco. data **FEV1**_____ **FEV1/FVC** _____

☐ Sarcoidosis (D86) ☐ Chronic Bronchitis (J42) ☐ Pulmonary Fibrosis (J84.10) ☐ Asthma (J45)

☐ Lung Transplant (Z94.2) ☐ Emphysema (J43) ☐ Chronic Respiratory Failure (J96.1)

☐ Pulmonary Hypertension (I27.2) ☐ Asbestosis (J61) ☐ Bronchitis with acute exacerbation (J47.1)

☐ Other ____

Diagnosis Date: __________________________

Medical History: ____

____

Has this patient had:	**YES**	**NO**
History & Physical	☐	☐
Recent Office Visit	☐	☐
EKG	☐	☐
Surgery Reports	☐	☐
Lipid Profile	☐	☐
Blood Sugar (Glucose)	☐	☐
PFT	☐	☐

`

NOTE: Please send copies of these reports if available.

SPECIAL INSTRUCTIONS: ____

____

Physician's Signature: ___________________________ **Date/ Time:**____________________________

Printed Name:__________________________________

990 Ribaut Rd · Beaufort, SC 29902 · www.bmhsc.org · (843) 522-5636 · Fax (843) 522-5454

Reviewed 11.2018