

To: Pulmonary Clinic New Patient Referral Fax: 802-847-2444

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

**Thank you for referring your patient to the Pulmonary Clinic at UVMHC.**

Please use this page as your cover sheet when referring a patient.

To assist in efficiently scheduling your patient, we ask for the following information:

1. Patient name: \_\_\_\_\_
2. Date of birth : \_\_\_\_/\_\_\_\_/\_\_\_\_
3. Medical record number at UVMHC (if known): \_\_\_\_\_
4. Diagnosis/Symptom (reason for referral): \_\_\_\_\_
5. Requested provider (if applicable): \_\_\_\_\_
6. Please provide recent office note(s)

If not included in the office note, please provide the following:

- Problem list
- Medication list

7. Chest imaging reports. Date performed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_
8. Pulmonary function test results. Date performed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_
9. Influenza and Pneumococcal vaccine report
10. We ask for a chest X-ray or chest CT within the last 6 months, please have this **pushed** to the UVMHC radiology system.

We will be able to schedule your patient once we receive this information.

- If your patient needs to be seen within 5 working days, or you have an urgent issue, please call the Pulmonary Consult attending (802 847 2700).
- For non-urgent questions please call the clinic (802 847 1158).

Thank you and we look forward to providing care to your patient.