PRRF

NMC health

PO Box 308 | Newton, KS 67114

Pulmonary Rehabilitation Referral

In order to provide appropriate care, please fax the following to 316.804.6135 (please check)

- ☐ Patient demographics
- ☐ Order for Pulmonary Rehab
- ☐ Recent H&P
- ☐ Copy of patient's insurance card/s

Patient Name: _____ **DOB:** _____

Phone (Home): _____ **(Daytime)** _____

Primary Insurance: _____ **ID #** _____

Secondary Insurance: _____ **ID #** _____

Primary Physician: _____ **NPI #** _____

Pulmonologist: _____ **NPI #** _____

_____ _____

Physician Signature **Date**

Criteria for admission into Pulmonary Rehab (please check)

- ☐ Chronic Obstructive Pulmonary Disease (COPD) with the following criteria
  - ☐ Forced Expiratory Volume in 1 second (FEV1) of < 80% an Symptomatic
  - ☐ GOLD class II through IV
- ☐ Persistent asthma
- ☐ Bronchiectasis
- ☐ Cystic Fibrosis
- ☐ Interstitial lung diseases including Pulmonary Fibrosis
- ☐ Sarcoidosis
- ☐ Lung cancer
- ☐ Before and after lung transplantation
- ☐ Pulmonary hypertension
- ☐ Confirmed or suspected COVID-19 and experience persistent symptoms that include respiratory dysfunction for at least four weeks

FOR OFFICE USE ONLY

Patient Scheduled:

Yes - Date/Time: _____

No - Reason: _____

Phone: 316.804.6242 **Fax: 316.804.6135**