

## PATIENT REFERRAL FORM

Today's Date: \_\_\_\_\_

### PATIENT INFORMATION

Last Name:		First:	Date of Birth:
Address:			
Home Phone:		Cell Phone:	
FEV1: _____	Last Hospital Admission Date: _____	Last Home IV Antibiotic Treatment Date: _____	
Approximate Date: _____			
<b>CULTURE RESULTS:</b> <input type="checkbox"/> Microorganisms <input type="checkbox"/> Normal flora		<b>CHECK FOR EACH:</b> <input type="checkbox"/> Burkholderia species <input type="checkbox"/> Mycobacterial species <input type="checkbox"/> Klebsiella species <input type="checkbox"/> Fungal/Yeast	
<input type="checkbox"/> Staphylococcus aureus: MRSA, MSSA <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Haemophilus influenzae <input type="checkbox"/> Enterobacter species <input type="checkbox"/> Other _____			

**PLEASE INCLUDE PATIENT DEMOGRAPHIC SHEET AND CLINICAL NOTES**

### ORDERS

- Manual/Hand Chest Percussion Therapy (CPT) to clear lung secretions with evaluation/assessment and respiratory treatment adherence education.  
(G0238) (G0237) (99503)
- \_\_\_\_\_ Times per day
- \_\_\_\_\_ Times per week

### FOCUS AREA/PROBLEM AREA FOR TREATMENT

LEFT LUNG	RIGHT LUNG
<input type="checkbox"/> Upper Lobe	<input type="checkbox"/> Upper Lobe
<input type="checkbox"/> Lower Lobe	<input type="checkbox"/> Middle Lobe
	<input type="checkbox"/> Lower Lobe

### DIAGNOSIS AND CODE

	ICD-10 CODE	DESCRIPTION
<input type="checkbox"/>	E84.9	Cystic fibrosis, unspecified
<input type="checkbox"/>	J47.9	Bronchiectasis
<input type="checkbox"/>	J22	Unspecified acute lower respiratory infection
<input type="checkbox"/>	J98.4	Other disorders of lung
<input type="checkbox"/>	Other:	_____

### ORDERING PHYSICIAN INFORMATION

Ordering Physician (please print):	Date:
Signature	
Tax ID#	NPI

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### ADDITIONAL CODES

	ICD-10 CODE	DESCRIPTION
<input type="checkbox"/>	D86.0 - D86.9	Sarcoidosis of lung - Sarcoidosis, unspecified (Specify Code: _____)
<input type="checkbox"/>	E84.0	Cystic fibrosis with pulmonary manifestations
<input type="checkbox"/>	E84.9	Cystic fibrosis, unspecified
<input type="checkbox"/>	J22	Unspecified acute lower respiratory infection
<input type="checkbox"/>	J39.8	Other specified diseases of upper respiratory tract
<input type="checkbox"/>	J41.0 - J47.9	Simple chronic bronchitis - Bronchiectasis, uncomplicated (Specify Code: _____)
<input type="checkbox"/>	J60 - J66.8	Coalworker's pneumoconiosis - Airway disease due to other specific organic dusts (Specify Code: _____)
<input type="checkbox"/>	J68.4	Chronic respiratory conditions due to chemicals, gases, fumes and vapors
<input type="checkbox"/>	J70.1	Chronic and other pulmonary manifestations due to radiation
<input type="checkbox"/>	J84.01	Alveolar proteinosis
<input type="checkbox"/>	J84.02	Pulmonary alveolar microlithiasis
<input type="checkbox"/>	J84.09 - J84.17	Other alveolar and parieto-alveolar conditions - Other interstitial pulmonary diseases with fibrosis in diseases classified elsewhere (Specify Code: _____)
<input type="checkbox"/>	J84.89	Other specified interstitial pulmonary diseases
<input type="checkbox"/>	J95.00 - J95.09	Unspecified tracheostomy complication (Specify Code: _____)
<input type="checkbox"/>	J98.01 - J98.09	Acute bronchospasm - Other diseases of bronchus, not elsewhere classified (Specify Code: _____)
<input type="checkbox"/>	J98.4	Other disorders of lung
<input type="checkbox"/>	J98.51 - J98.9	Mediastinitis - Respiratory disorder, unspecified (Specify Code: _____)
<input type="checkbox"/>	Z48.24 - Z48.280	Encounter for aftercare following lung transplant - Encounter for aftercare following heart-lung transplant (Specify Code: _____)
<input type="checkbox"/>	Z94.2 - Z94.3	Lung transplant status - Heart and lungs transplant status (Specify Code: _____)