HAYSMED

Pulmonology Associates

Request for Consultation, New Patient, or Self Referral

2214 Canterbury Drive, Suite 300 | Hays, KS 67601 | 785.261.7450 | FAX 785.261.7451

❑ *Consultation* ❑ *New Patient/Self Referral*

Patient Name:_____ Date:_____

DOB:_____ SSN:_____

Phone Numbers Home:_____ Cell:_____ Work:_____

Address: _____

City State Zip Code

Requesting Physician:_____

Physician's Address:_____

City State Zip Code

Phone:_____ Fax:_____

Is the patient a Veteran? ❑ Yes ❑ No If yes, has a request of service (ROS) been sent? ❑ Yes ❑ No

Reason for Consultation:

- ❑ Office Visit/Consult
- ❑ Sleep/Narcolepsy
- ❑ Asthma/COPD
- ❑ Bronchoscopy/Bx
- ❑ Thoracentesis
- ❑ Pulmonary Nodule

❑ Other Reason:

_____

_____

Diagnosis: _____

Anticoagulation Therapy (ASA, Plavix, Coumadin, Pradaxa, Xarelto, Heparin, Eliquis, etc.): ❑ Yes ❑ No

Clinics: Please fax the following information with completed form

- ❑ Demographics
- ❑ History and Physical (most recent)
- ❑ PFT Reports (most recent)
- ❑ All Sleep Studies
- ❑ Lab Reports (most recent)
- ❑ Imaging Reports - Chest CT, PET, Chest X-ray (within last 3 years)
- ❑ Pathology Reports
- ❑ Load Chest Imaging on Cloud or disc
- ❑ Current and Complete Medication List

_____ _____

Signature of Person Completing Form **Date/Time**

Form # CLI 192 Revised 7/13, 7/15, 9/15, 2/17, 2/23, 2/25

DOB: D A/Sdt: