THE University of Vermont HEALTH NETWORK

Elizabethtown Community Hospital

Pulmonary Rehabilitation Physician Referral Form

*I have referred the following patient to Pulmonary Rehabilitation. It is my determination that this patient is **able and motivated** to participate in a twice weekly program consisting of both exercise (aerobic and resistance training) and education.*

PATIENT NAME: _____ DOB: _____ TELEPHONE: _____

Diagnosis: *(See backside for diagnosis codes)*

- ☐ COPD GOLD stage: _____
- ☐ Pulmonary Fibrosis
- ☐ Cystic Fibrosis
- ☐ Chronic Obstructed Asthma
- ☐ Sarcoidosis
- ☐ Primary Pulmonary Hypertension
- ☐ Post Thoracic Surgery
- ☐ Interstitial Lung Disease
- ☐ Other Diagnosis: _____

I Authorize the Pulmonary Rehabilitation Department to:

- Schedule a 6 minute walk test pre and post pulmonary rehabilitation
- For patients already on home oxygen therapy, allow licensed staff to titrate supplemental oxygen, in order to keep the SpO2 at or above 88% during exercise sessions.
- Allow participation in individual/ counseling sessions.
- Develop an Individualized Treatment Plan (ITP) and Exercise Prescription for review and approval by the Medical Director prior to the patient starting the program.

Information requested by the Pulmonary Rehab. Department with this referral:

- Most recent:
  - PFT
  - CBC, General Chemistry
  - CXR
  - Office Note
  - Medication list
  - Patient Demographics / Current Insurance Information

I consent to have my patient participate in the pulmonary rehabilitation program. I will continue regular medical care of my patient throughout his/her participation in the program.

I understand that no portion of my patient's care will be altered without authorization. If my patient exhibits an acute problem during education / exercise class, I will be contacted. If I am unable to be reached by the PR staff, the supervising physician or Medical Director of the Pulmonary Rehabilitation Department will be contacted.

Provider Signature: _____ Date: _____

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Code	Diagnosis
135	Sarcoidosis
277	Cystic Fibrosis without meconium ileus
277.02	Cystic Fibrosis with pulmonary manifestations
416	Primary Pulmonary Hypertension
491.1	Simple Chronic Bronchitis
491.20	Obstructive chronic bronchitis without acute exacerbation
491.8	Other chronic bronchitis
492.8	Other emphysema
493.20	Chronic Obstructive Asthma unspecified
493.82	Cough- variant asthma
494.0	Bronchiectasis without acute exacerbation
496.0	Chronic Airway Obstruction not elsewhere classified (COPD)
500	Coal Workers' pneumoconiosis
501	Asbestosis
502	Pneumoconiosis due to other silica or silicates
503	Pneumoconiosis due to other inorganic dust
504	Pneumonopathy due to inhalation of other dust
505	Pneumoconiosis unspecified
506.4	Chronic Respiratory conditions due to fumes and vapors
506.9	Unspecified respiratory conditions due to fumes and vapors
508.1	Chronic and other pulmonary manifestations due to radiation
515	Post -inflammatory pulmonary fibrosis
516	Pulmonary alveolar proteinosis
516.2	Pulmonary alveolar microlithiasis
516.3	Idiopathic fibrosing aveolitis
516.8	Other spevified alveolar and parietoaveolar pneumonopathies
518.89	Other diseases of lung not elsewhere classified

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