UFHealth
UNIVERSITY OF FLORIDA HEALTH

Appointment/Evaluation Referral Form

☐ **Lung TRANSPLANT**
Office: 352.265.8940
Referral fax: 352.265.8970

☐ **Pulmonary MEDICINE**
Office: 352.273.8740
Referral fax: 352.627.4179

☐ **Thoracic SURGERY**
Office: 352.273.5586
Referral fax: 352.273.5513

PATIENT INFORMATION

Date:		Email:	
Name:		Phone:	Cell:
Address:			
DOB:	Gender:	Race:	Ethnicity:
Height:	Weight:	BMI:	
Is an interpreter needed? ☐ Yes ☐ No		Preferred Language:	

DIAGNOSIS/CLINIC:

- ☐ Lung Transplant Evaluation
- ☐ Alpha 1 Antitrypsin Deficiency
- ☐ Asthma
- ☐ Bronchiectasis
- ☐ Chronic Obstructive Pulmonary Disease (COPD)
- ☐ Cystic Fibrosis (CF)
- ☐ Interstitial Lung Disease (ILD)
- ☐ Interventional Pulmonology
- ☐ Lung Cancer/Lung Nodule
- ☐ Neuromuscular Respiratory Disorders
- ☐ Non-Tuberculous Mycobacterial Disease
- ☐ Pulmonary Hypertension (PAH)
- ☐ Post-COVID Complications
- ☐ Rare Lung Disease Clinic
- ☐ Sarcoidosis Clinic
- ☐ Other: _____

Smoking History: ☐ Yes ☐ No

If yes, date quit _____

Supplemental Oxygen: ☐ Yes ☐ No

If yes, _____ LPM

Any previous transplants? ☐ Yes ☐ No

If yes, which organ(s): _____

Place of transplant(s): _____

Date of transplant(s): _____

PHYSICIAN OFFICE or REQUESTING FACILITY INFORMATION

Referral Coordinator:	Direct Line and Email:
Referring Physician Name and Cell Phone:	
Facility or Group Name:	NPI#:
Office Phone:	Office Fax:
Office Address:	
Primary Care Physician (PCP) and Cell Phone:	
PCP Office Phone:	PCP Fax:

Referring Physician Cell Phone Number REQUIRED for Physician to Physician Communication and Updates

PLEASE INCLUDE AS MANY OF THESE DOCUMENTS AND REPORTS FOR PROMPT EVALUATION

- ☐ Patient Demographics/Face Sheet
- ☐ Clear Copies of Insurance Cards
- ☐ Most Recent Physician Office Notes
- ☐ Most Recent Lab and Pathology Reports
- ☐ Chest X-ray (images uploaded via Powershare)
- ☐ **CT Scans** *(images uploaded via Powershare)* **and Name of Imaging Center:**

_____

- ☐ Sputum Cultures
- ☐ Pulmonary Function Test
- ☐ 6-minute Walk
- ☐ Operative Notes
- ☐ If images are not readily available, please include radiology reports.

NOTE: If you do not have a Nuance Powershare account, please use our secure link: **https://www1.nuancepowershare.com** with the following generic login: **tempphysician@shands.ufl.edu** and your password will be: **Password1**