

Boone Pulmonary Medicine Referral Form

1601 East Broadway Ste. 240 Columbia, MO 65201

Phone: 573-815-7119 Fax: 573-815-7116

****Utilize this form if the patient you are referring has never been seen in this clinic****

Today's date: _____

Referring Physician: _____ Office name: _____

Phone #: _____ Fax #: _____ Contact name: _____

Diagnosis: _____

- Referral for:
- Procedure (Bronchoscopy, EBUS, PleurX, Thoracentesis, Navigational Bronchoscopy, Chest Tube Placement) – Expected appointment in 1 week or less
 - Consult related to Sleep Diagnosis – Expected appointment in 3-4 weeks
 - Consult (Chronic Pulmonary Issues) – Expected appointment in 6-8 weeks, unless requested before

Physician Preference: Dr. Tareq Abu Salah, MD Dr. Jason Goodin, DO Dr. Kate Grossman, MD
 Dr. Carl Kaplan, MD Jonathan Barnes, AGPCNP-BC First available

Patient information:

Full legal name: _____ DOB: _____ Male Female

SS#: _____ Home #: _____ Cell #: _____

Address: _____ City: _____ Zip code: _____

Insurance Information:

Primary: _____ ID #: _____ Group #: _____

Secondary: _____ ID #: _____ Group #: _____

PCP: _____ Does the insurance company require a referral? Yes No

In order to schedule promptly, the following must be included:

- Radiology reports - Please inform the patient that they must send a CD of the pertinent images. If the imaging was not performed at Boone Hospital Center, the CD must be sent 2 weeks prior to scheduled appointment
- Patient clinic notes, including testing results for Chest x-ray – within last 6 months, labs to include CBC, CMP and ABG on RA, and pulmonary function tests
- Demographics Sheet Insurance Information

Fax the above information and this completed form to 573-815-7116.

Office use only: Records reviewed by: Dr. Abu Salah Dr. Goodin Dr. Grossman Dr. Kaplan on: ___/___/___

Physician recommendations: CBC w/manual diff CMP PT/INR Room Air ABG WSR Alpha 1 NO
 Chest X-Ray PFT CT W or W/O Time Frame: _____ TESTS

Appointment scheduled for: _____ with Dr. Abu Salah Dr. Goodin Dr. Grossman
 Dr. Kaplan Jonathan Barnes, AGPCNP-BC

Patient reached? Yes No Patient accepted appointment offered: Yes No

If marked "No"- indicate reason: _____

Boone Pulmonary Medicine will fax the referring physician's office with the appointment information and will mail the patient a new patient packet to fill out and return to the office prior to their appointment.