# Boone Pulmonary Medicine Referral Form

1705 East Broadway Ste. 280 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
☐ Consult (Chronic pulmonary issues)

**Provider Preference:** ☐ Dr. Tareq Abu Salah, MD ☐ Dr. Jason Goodin, DO ☐ Dr. Kate Grossman, MD
☐ Grace Wilson, MD ☐ Jonathan Barnes, AGPCNP-BC ☐ Rebecca Goff FNP-C
☐ Stephanie Whitbey, AGACNP-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 <u>not</u> performed at Boone Hospital Center, the CD must be sent <u>2 weeks</u> 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 and 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. Wilson ☐ NP Barnes ☐ NP Whitbey ☐ NP Goff on: ___/___/____

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

Appointment scheduled for: _____with ☐ Dr. Abu-Salah ☐ Dr. Goodin ☐ Dr. Grossman
☐ Dr. Wilson ☐ Jonathan Barnes ☐ Stephanie Whitbey ☐ Rebecca Goff

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.