

# Boone Pulmonary & Sleep 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, AE-C  Stephanie Whitbey, AGACNP-BC  
 Meagan Fansler, FNP-C  Julie Lane, FNP-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 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 Fansler  NP Lane on: \_\_\_/\_\_\_/\_\_\_

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

Appointment scheduled for: \_\_\_\_\_ with  Dr. Abu-Salah  Dr. Goodin  Dr. Grossman  
 Dr. Wilson  Jonathan Barnes  Stephanie Whitbey  Meagan Fansler  Julie Lane

Boone Pulmonary & Sleep 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.