

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 Bresnahan, FNP-BC First available

Patient information:

Full legal name: _____ DOB: _____ Male Female

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

Address: _____ City: _____ Zip code: _____

If the records below are not faxed with referral we will delay scheduling until we receive them.

- 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 12 months, labs to include CBC, CMP and ABG on RA, and pulmonary function tests)
- Inspire: Sleep study, over night pox, Download summary if already on a sleep machine, DME company: _____.
- 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 Bresnahan 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 with _____ on ___/___/___.

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.