EvergreenHealth
CARDIAC & PULMONARY
REHABILITATION SERVICES

PULMONARY REHABILITATION PROGRAM - PHYSICIAN REFERRAL

① Patient Name (print):_____ DOB: _____

Patient Telephone Number: _____

② **Please check all diagnoses w/ICD-10 codes that apply:**

☐ COPD: ICD 10:_____

☐ Pulm Fibrosis: ICD 10:_____

☐ Pulm HTN: ICD 10:_____

☐ Other Pulmonary
Dx: _____
ICD-10: _____

☐ Other Pulmonary
Dx: _____
ICD-10: _____

*** Please send most recent clinic notes with this referral**

③ **GOLD STAGE (check one)**

☐ **Stage 1**: Mild COPD
($FEV_1/FVC < 70\%$)
($FEV_1 \geq 80\%$ predicted)

☐ **Stage 2**: Moderate COPD
($FEV_1/FVC < 70\%$)
($50\% < FEV_1 < 80\%$ predicted)

☐ **Stage 3**: Severe COPD
($FEV_1/FVC < 70\%$)
($30\% < FEV_1 < 50\%$ predicted)

☐ **Stage 4**: Very Severe COPD
($FEV_1/FVC < 70\%$)
($FEV_1 < 30\%$ predicted)

④ **PFTs** (prefer PFT's be completed within 12 months of entry into our pulmonary rehab program). (Please check one box for PFTs).

☐ **PFTs** performed in our office, to be sent with referral

☐ **Administer PFTs** at EvergreenHealth's Pulmonary Care Center

Our pulmonary rehab program will administer a 6 Minute Walk Test on your patient's first visit. There is no additional charge for this test; it is part of their pulmonary rehab intake appointment.

⑤ SPECIAL INSTRUCTIONS or LIMITATIONS:

_____

_____

⑥ Referring Physician Name (print): _____

Physician Signature: _____ Time: _____ Date: _____

Name of Office Contact: _____

Office Phone # _____ Office Fax # _____

⑦ Please fax referral, recent clinic notes and any PFT and 6MWT test results to:

Cardiac & Pulmonary Rehabilitation Services at 425.899.3778

Call 425.899.3770 for information about our Pulmonary Rehabilitation Program
12039 NE 128th Street, Suite 200, MS #3 | Kirkland, WA 98034