



PULMONARY REHABILITATION PROGRAM- PHYSICIAN REFERRAL

1.) Patient Name: _____ D.O.B. _____

Patient Telephone Number: _____

2.) Please circle all diagnoses w/ ICD-10 codes that apply:

COPD: ICD-10: _____

Pulm Fibrosis: ICD-10: _____

Pulm HTM: ICD-10: _____

Other Pulmonary
Dx: _____
ICD-10: _____

Other Pulmonary
Dx: _____
ICD-10: _____

*please send most recent clinic notes
with this referral*

3.) GOLD STAGE (circle one)

****MUST MATCH PFT RESULTS****

Stage 1: Mild COPD
(FEV/FVC < 70%)
(FEV \geq 80% predicted)

Stage 2: Moderate COPD
(FEV/FVC < 70%)
(50% < FEV < 80% predicted)

Stage 3: Severe COPD
(FEV/FVC < 70%)
(30% < FEV < 50% predicted)

Stage 4: Very Severe COPD
(FEV/FVC < 70%)
(FEV < 30% predicted)

4.) PFT's (Prefer PFT be completed within 12 months of entry into our pulmonary rehab program). (please circle one box for PFTs)

PFTs performed in our office. To be sent with referral

Administer PFTs at Airobics Pulmonary Rehab Center

Our Pulmonary rehab program will administer a 6 minute walk test in your patients 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 Number: _____ Office Fax Number: _____

7.) Please fax referral, recent clinic notes, and any PFT and 6MWT test results.

Cardiac & Pulmonary Rehabilitation Services Available

PALOS HEIGHTS

Tel: 708.897.8666
Fax: 708.926.2343
13450 S. Ridgeland Ave | Palos Heights, IL 60463

CHICAGO

Tel: 872.703.3930
Fax: 872.703.3936
| 10224 S Kedzie Ave | Evergreen Park, IL 60805 |

HARVEY

Tel: 708.825.1746
Fax: 708.825.1736
147 W. 159th St. | Harvey, IL 60426