

NEW PATIENT
REFERRAL FORM



Pulmonology

CONTACT INFORMATION

POST FALLS

1551 E. Mullan Avenue
Suite 200-C
Post Falls, ID 83854

PHONE (208) 618-2570

FAX (208) 618-8779

REASON FOR REFERRAL

- Pulmonology Consult
- Pulmonology Consult w/PFT (Pulmonary Function Test)
- Pulmonary Function Test (PFT) only
- CPET (Cardiopulmonary Exercise Testing)
- Other

PATIENT INFORMATION

NAME					
DATE OF BIRTH		AGE		GENDER	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS					
PHONE					

REQUIRED INFORMATION

- Complete Demographics
- Insurance Authorization (If required)
- Chart Notes

Failure to attach these items will delay patient scheduling.

SPECIAL INSTRUCTIONS / NOTES

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PATIENT INFORMATION

NAME	
DATE	
SIGNATURE	

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