



## Specialty Referral Form Heart and Lung Surgery

### Patient Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Language: \_\_\_\_\_  
Insurance (please provide front/back copy of card): \_\_\_\_\_

### Past Medical History

Include most recent H&P including complete medication list

### Referring Office

Date of Referral: \_\_\_\_\_  
Referring Provider: \_\_\_\_\_ Referring Office: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Reason for Referral: \_\_\_\_\_

Urgency:  First Available  Urgent \*Please call directly for urgent referrals in addition to form

**Required Records/Testing:** The following items must be completed or scheduled prior to being seen.

#### **TAVR or Mitraclip:**

→ Include reports/imaging for  Cath  Echo  CT

#### **Pericardial effusion:**

→ Include reports/imaging for  Echo Date completed: \_\_\_\_\_

#### **Recurrent pleural effusion:**

→ Include reports/imaging for  CT  PET  Thoracentesis & culture results

#### **Ascending aneurysm:**

→ Include reports/imaging for  CT  Echo

#### **Descending aneurysm:**

→ Physician will review prior to scheduling.

#### **Heart (coronary disease, valve disease):**

→ Include reports/imaging for  Heart Cath  Echo

#### **Lung cancer:**

→ Include reports/imaging for  CT  PET  Biopsy & results  Brain MRI  PFTs

Heart and Lung Surgery will contact the patient directly once documentation is received and reviewed.