UnityPoint Clinic

UnityPoint Clinic - Multispecialty
855 A Ave. NE, Suite 400
Cedar Rapids, Iowa 52402
(319) 363-3565
fax (319) 363-4001
unitypoint.org

Specialty Referral Form
PULMONOLOGY

Patient Information

First Name: _____ Last Name: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Language: _____
Insurance (please provider front/back copy): _____

Past Medical History

☐Include most recent H&P including complete medication list

Referring Office:

Referring Provider: _____ Referring Office: _____
Phone: _____ Fax: _____ City: _____ State: _____
Reason for Referral: _____

Specialty Specific Information:

Reason for Referral	Required Records/Testing
Sleep Apnea	Has the patient ever had a sleep study? _____ → If yes, include notes ☐ Does the patient have/use a CPAP? _____ → If yes, include compliance report ☐
Hemoptysis	☐ Chest XR since onset
Pulmonary HTN, Pulmonary Embolism, Plural Effusion	No pre-appointment testing needed
COPD, Interstitial Lung Disease, Restrictive Lung Disease, Pulmonary Fibrosis, Cough, Dyspnea, SOB, Emphysema, other respiratory conditions	☐ PFT within the last year ☐ Chest XR within the last year

Scheduling:

UPC Pulmonology will call patient directly to schedule.