Lifespan Cardiovascular Institute
Rhode Island Hospital • The Miriam Hospital
Newport Hospital
Delivering health with care.®

Vanderbilt Rehabilitation Center at Newport Hospital
Phone: 401-845-1179 • Fax: 401-845-1657

Pulmonary Rehabilitation and/or Respiratory Services

Referral Available in LifeChart for Lifespan Physicians Under Procedure REF5055

PATIENT _____ DOB _____ / _____ / _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

INSURANCE (1) _____ ID# _____

INSURANCE (2) _____ ID# _____

DIAGNOSIS: _____

ICD-10 CODE(S): _____

ONSET DATE _____

Eligible diagnoses include: COPD, emphysema, chronic bronchitis, sarcoidosis, pulmonary hypertension, pulmonary fibrosis,interstitial lung disease, lung cancer and effects of lung cancer surgery, lung-volume reduction surgery before and after lung transplant.

A pulmonary function test **IS REQUIRED** for entrance into the Pulmonary Rehab Program.

☐ Results enclosed

☐ It has been scheduled for DATE_____

I agree to baseline, midpoint, and discharge 6-Minute walk test to assess the patient's functional status.

I consent to have my patient participate in the Center for Cardiac Fitness Pulmonary Rehabilitation Program at The Miriam Hospital.

NAME OF PHYSICIAN (PLEASE PRINT) _____ PHONE: _____ FAX: _____

DATE: _____ TIME: _____ MD SIGNATURE: _____

For NON-LIFESPAN Physicians

Please forward ***recent office note, EKG,*** and ***PFT scores*** along with this referral to:

401-793-5815