



1400 North Texana Street, Hallettsville, TX 77964

Phone: (361) 798-3671, Ext 1396

Fax: (361) 570-9511

Outpatient Pulmonary Rehabilitation Program Physician Referral Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Diagnosis: (please see list of covered diagnoses along with corresponding ICD codes)

Diagnosis: Check appropriate ICD-9 (ICD-10) code:

- \_\_\_ 496 (J44.9) COPD, Unspecified \_\_\_ 492.8 (J43.9) Emphysema, Unspecified
\_\_\_ 491.8 (J41.8) Mixed Simple & Mucopurulent Chronic Bronchitis
\_\_\_ 491.20 (J44.9) Obstructive Chronic Bronchitis Without Exacerbation (COPD, Unspecified)
\_\_\_ 491.1 (J41.1) Mucopurulent Chronic Bronchitis \_\_\_ 491.0 (J41.0) Simple Chronic Bronchitis
\_\_\_ 493.20 (J44.9) Chronic Obstructive Asthma Unspecified (COPD, Unspecified)
\_\_\_ 494.0 (J47.9) Bronchiectasis Uncomplicated \_\_\_ 494.1 (J47.1) Bronchiectasis With (Acute) Exacerbation
\_\_\_ 515 (J84.10) Pulmonary Fibrosis, Unspecified
\_\_\_ 515 (J84.89) Other Specified Interstitial Pulmonary Diseases
\_\_\_ 518.89 (J98.4) Other Disorders of Lung \*for patients who have become O2 dependent following an illness

Other Diagnosis: \_\_\_\_\_ ICD9 (ICD10): \_\_\_\_\_

Pulmonary Rehabilitation Orders:

- Spirometry pre & post bronchodilator and diffusion capacity – will be done if needed to qualify for pulmonary rehabilitation.
• Perform a comprehensive RT evaluation and monitor ongoing patient progress.
• RT to perform a baseline exercise tolerance test (six minute walk). To be done pre & post program.
• Inspiratory muscle training as assessed and needed.
• Exercise & conditioning 2-3 times a week up to 12 weeks based on initial evaluation and ITP.
• Oxygen administration to maintain SpO2 > 90% with exercise.
• Administer nebulizer treatment PRN times one with Albuterol 2.5mg if SOB not alleviated with patient’s rescue inhaler.
• PT evaluation and treat if indicated and/or assessed by RT during initial evaluation.
• Dietary evaluation and consult if needed.
• Glucose monitoring pre/post exercise if diabetic.

This patient is capable of participating in a comprehensive pulmonary rehabilitation program which includes the guidance & monitoring by a licensed respiratory therapist. The Medical Director will oversee & review the ITP (individual treatment plan) every 30 days.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_ Physician (Print Name) \_\_\_\_\_

Please Fax the following along with referral to: (361) 570-9511 ATTN: Kayla

- Latest H&P to include last office visit
 Patient demographics
 All pertinent diagnostic medical data (i.e. PFTs, ABGs, EKGs)
 Patient medication list

