

**Please fax *completed* form to: HPHC Referral Authorization Unit: 800-232-0816**

Patient name:	Patient HPHC #:
	Patient DOB:
Ordering physician name:	Ordering physician NPI:
Ordering physician address:	
Outpatient pulmonary rehabilitation facility name:	Facility NPI:
Initial course: <input type="checkbox"/> Yes <input type="checkbox"/> No	Second course: <input type="checkbox"/> Yes <input type="checkbox"/> No If second course, send in the prior pulmonary rehabilitation evaluation and discharge summary.
Start date: _____	End date: _____
	Number of treatments: _____
	Number of weeks: _____
Contact person:	Contact person: Telephone #: _____ Fax #: _____
Diagnosis: <input type="checkbox"/> Pre-Lung Transplant	Submit: recent clinical notes including pulmonary consult, the most recent PFTs, and the pulmonary rehabilitation evaluation. (Note: It is not necessary to complete the remainder of this form.)
Diagnosis: <input type="checkbox"/> COPD <input type="checkbox"/> Other:	Submit: recent clinical notes including the rationale for pulmonary rehabilitation, pulmonary consult, the most recent PFTs, and the pulmonary rehabilitation evaluation. Complete all of information below.
Smoking history and current smoking status (cessation date):	Height/weight/BMI:
Other/co-morbidities (e.g. congestive heart failure, stroke, angina, heart attack):	
Pulmonary medications: _____ _____ _____	Other medications: _____ _____ _____ _____ _____
Oxygen use: <input type="checkbox"/> Yes; liters/min _____ <input type="checkbox"/> No	
Forced expiratory volume in one second—FEV 1: _____ Forced Vital Capacity (FVC): _____ FEV1/FVC ratio: _____	Single breath diffusion capacity of CO2 (DLCO) (if available): _____ O2 sat: Resting (if available): _____ Exertional (if available): _____
Exercise Limitations: Breathlessness (choose one): <input type="checkbox"/> With strenuous exercise <input type="checkbox"/> With hurrying on level ground or with walking up a slight hill <input type="checkbox"/> With walking at own pace/walks more slowly on level ground <input type="checkbox"/> Stops for breath only after walking 100 yards or for a few minutes <input type="checkbox"/> With dressing, or is too breathless to leave the house	

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**Harvard Pilgrim Health Care, Inc., 1600 Crown Colony Drive, Quincy, MA 02169**