



Advanced Thoracic Hiatal Hernia Referral Checklist

Patient Name: _____

DOB: _____

Referring Provider: _____

Referring Provider Address: _____

Referring Provider Phone: _____

	Mandatory Information
	Face Sheet/ Demographic Information
	Insurance Information and Copy of Insurance Card
	Most recent Progress Note or H&P from referring physician
	Additional Information:
	CT scan (CT chest or CT abdomen/pelvis) available? <i>If yes:</i> Images available through McLaren? Yes ___ No ___ Images available through Sparrow? Yes ___ No ___ Patient asked to get CD copy of images? Yes ___ No ___ CD with CT images dropped off in office on _____
	Pulmonary Function Testing Report
	Manometry completed? Yes ___ No ___
	Manometry report (with images)
	Esophagram or UGI completed? Yes ___ No ___ <i>If yes:</i> Images available through McLaren? Yes ___ No ___ Images available through Sparrow? Yes ___ No ___ Patient asked to get CD copy of images? Yes ___ No ___ CD with esophagram images dropped off in office on _____
	EGD (esophagogastroduodenoscopy) procedure note
	Recent Cardiac Testing (2D echo, stress test, cardiac catheterization) reports