



Advanced Thoracic Lung Cancer 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
	CT scan Report (CT must be within 60 days)
	CT images available? Yes ___ No ___ <i>If yes:</i> Images available through McLaren? Yes ___ No ___ Images available through Sparrow? Yes ___ No ___ <i>If no:</i> Patient asked to get CD copy of last two CT scans? Yes ___ No ___ CD with CT scan images dropped off in office on _____
	Pathology Report
	Pulmonary Function Testing (including FEV1 and DLCO)
	PET scan Report
	PET images available? Yes ___ No ___ <i>If yes:</i> Images available through McLaren? Yes ___ No ___ Images available through Sparrow? Yes ___ No ___ <i>If no:</i> Patient asked to get CD copy of PET scan? Yes ___ No ___ CD with CT scan images dropped off in office on _____
Additional Information:	
	Bronchoscopy Report
	MRI brain Report
	Does patient have a cardiologist? Yes ___ No ___ <i>If yes: who is patient's cardiologist?</i> _____
	Recent Cardiac Testing (2D echo, stress test, cardiac catheterization) reports