



Advanced Thoracic Pleural Disease 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 for last 2 CT scans
	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 _____
	Has the patient had a thoracentesis? Yes ___ No ___ <i>If yes:</i> Pleural fluid studies results for most recent exam _____
	Procedure (chest tube, thoracentesis, bronchoscopy) Notes for past 1 year
	Additional Information:
	Pulmonary Function Testing (including FEV1 and DLCO)
	Pleural Fluid cultures (if completed)
	Recent Cardiac Testing (2D echo, stress test, cardiac catheterization) reports