

## REFERRAL DETAILS

Reason(s) for Referral:

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List of relevant pulmonary medications:

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Have PFTs been completed? ☐ Yes ☐ No

Has appropriate chest imaging been completed?

☐ Completed ☐ Not Completed or N/A

Is there significant social history/exposure?

☐ Smoking ☐ Vaping ☐ Workplace/Environmental Exposures ☐ Illicit Drug Use ☐ Other (please comment)

☐ No history/exposure

## REFERRAL TYPE & COMMENTS

Referral Type: ☐ New Referral ☐ Update to Existing Referral

Comments: 

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