



**THE QUEEN'S
HEALTH SYSTEMS**
QUEEN'S MEDICAL GROUP

PULMONARY
PCC
AND
CRITICAL CARE

Pulmonary Critical Care Clinic (POB 3, Suite 509)
(808) 691-5252 - fax (808) 691-5250

HEALTHCARE PROVIDER PULMONARY REFERRAL REQUEST FORM

Date of referral: _____

Referral type: Urgent Routine Specific Pulmonologist if applicable

Patient name: _____ DOB: _____
 M F

Contact #: _____ E-mail address: _____

Address:

Referring provider's name:

Referring provider's phone/fax:

Primary insurance: _____ Policy #: _____

Secondary insurance: _____ Policy #: _____

Prior authorization: Requested Not required Needs interpreter No Yes Language: _____

Reason for pulmonary referral/clinical question:

Oahu Pulmonary clinic: Queen's POB2 Pulmonary Clinic Queen's West Pulmonary Clinic

Neighbor Island Pulmonary Clinic: Kona Specialty Clinic Hilo Specialty Clinic

Queen's North Hawaii Clinic Molokai Specialty Clinic

Pulmonary Specialty Clinic: Virtual/Telemedicine office visit option available for neighboring island patients

General pulmonary clinic/ILD clinic Pulmonary hypertension clinic Interstitial Lung disease

- Pulmonary nodule clinic
- Lung cancer screening program
- Interventional pulmonology clinic
- Bronchiectasis clinic
- Asthma clinic
- Sleep medicine clinic

Please submit the completed referral request form with the following documents via fax or email to (808) 691-5250 or PulmonaryPOB2@Queens.Org

- Prior authorization if applicable
- H&P, recent office visit notes
- Pertinent laboratory results
- Pertinent imaging reports (CXR, CT)
- Past PFT results and any other pertinent supporting documentation