



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



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