VITALAIR

Physician Referral Form

VitalAir Sleep & Lung Center | 5899 Preston Road, Suite 1104, Frisco, TX 75034
Phone: (214) 807-7776 Fax: 214-807-8389

PATIENT INFORMATION

First Name _____ Last Name _____

Date of Birth (required) _____ Phone (required) _____

Email (optional) _____ Insurance (optional) _____

REFERRING PROVIDER

Provider Name _____ Practice / Organization _____

Phone _____ Fax (optional) _____

Email (optional) _____

REASON FOR REFERRAL (CHECK ALL THAT APPLY)

Pulmonary

- ☐ Shortness of breath / dyspnea
- ☐ Chronic cough
- ☐ Asthma
- ☐ COPD / emphysema
- ☐ Abnormal chest imaging
- ☐ Pulmonary nodule / lung mass
- ☐ Interstitial lung disease
- ☐ Bronchiectasis
- ☐ Pleural effusion
- ☐ Recurrent respiratory infections
- ☐ Pulmonary hypertension
- ☐ Preoperative pulmonary evaluation
- ☐ Post-hospital follow-up

Sleep

- ☐ Suspected OSA / snoring
- ☐ Known obstructive sleep apnea
- ☐ PAP / CPAP management
- ☐ Inspire / HNS evaluation
- ☐ Insomnia
- ☐ Excessive daytime sleepiness
- ☐ Narcolepsy / hypersomnia
- ☐ Restless legs syndrome
- ☐ Parasomnia
- ☐ Central sleep apnea

Weight Management

- ☐ Obesity / medical weight mgmt
- ☐ Anti-obesity med / GLP-1 mgmt
- ☐ Obesity with OSA
- ☐ Obesity with cardiometabolic disease
- ☐ Weight regain

☐ Other: _____

REQUESTED TESTING (OPTIONAL)

- ☐ Home sleep apnea test
- ☐ Spirometry with bronchodilator
- ☐ Six-minute walk test
- ☐ Complete pulmonary function testing
- ☐ Spirometry
- ☐ FeNO
- ☐ Oxygen evaluation / titration

☐ Other: _____

REFERRAL PRIORITY

☐ Routine ☐ Soon ☐ Urgent

For emergencies, direct the patient to emergency care.

CLINICAL QUESTION / ADDITIONAL INFORMATION

Please fax this completed form to 214-807-8389, or submit online at the Refer a Patient page.