



7246 Janus Park Drive  
Liverpool, NY 13088

## PULMONARY REHABILITATION PROGRAM REFERRAL FORM

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient's Phone: \_\_\_\_\_

### DIAGNOSIS:

- COPD
- Sarcoidosis
- Asthma
- Pulmonary Fibrosis/Interstitial Lung Disease
- Post thoracic surgery: \_\_\_\_\_
- Restrictive Disease
- Other: \_\_\_\_\_

### MEDICAL CONTRA-INDICATIONS:

- Unstable ischemic heart disease
- Severe pulmonary hypertension
- Wheelchair bound most of the time
- Disabling orthopedic conditions which limit LE ROM
- Disabling stroke
- Morbid obesity: > 350 lbs.

### REFERRED FOR:

- Exercise Training AND Education

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (please print or stamp)

\_\_\_\_\_  
Phone

Please fax to (315) 458-5715 St. Joseph's Cardiopulmonary Rehabilitation Program.  
For more information, please call (315) 458-7171.