



**Heart and Lung Rehabilitation**

2211 Mayfair Drive, Suite 410

Owensboro, Kentucky 42301

Phone: 270-688-5155 | Fax: 270-688-5131

**Pulmonary Rehabilitation Referral**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Please send the below required information:

- **History & Physical** (within 12 months)
- **Pulmonary Function Test (PFT)**, signing this referral gives a written order for PFT if one has not been performed.

**\*CMS PFT criteria for pulmonary rehab based on the Global Initiative for Chronic Obstructive Pulmonary Disease (GOLD). Criteria are GOLD stages > 2 as defined below:**

GOLD 2	Moderate	FEV <sub>1</sub> > 50% & < 80% FEV <sub>1</sub> /FVC < 70%
GOLD 3	Severe	FEV <sub>1</sub> > 30% & < 50% FEV <sub>1</sub> /FVC < 70%
GOLD 4	Very Severe	FEV <sub>1</sub> < 30% or < 50% FEV <sub>1</sub> /FVC < 70%

- A monitored six minute walk test will be performed by rehab staff upon entry and at discharge of the rehab program.
- The program is 36 sessions dependent on progress noted in functional capacity.
- An individualized exercise prescription will be developed and outcomes will be measured.
- Education will be provided related to the specific pulmonary disease along, with self-care measures and a home exercise plan.

\_\_\_\_\_  
**\*Referring Provider Signature**

\_\_\_\_\_  
**Date**

*\*If referring provider is an ARNP or PA-C, CMS requires supervising physician authorization*

\_\_\_\_\_  
**Authorized Physician Signature**

\_\_\_\_\_  
**Date**