

Lung Transplant Referral Form

Richard DeVos Heart & Lung Transplant Program
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Specific Diagnosis: _____

Is patient on oxygen? No Yes Amount: _____

Patient Legal Name: _____ DOB: ____ / ____ / ____
Last / First

Language Barrier: No Yes If Yes, Primary Language: _____

Referring Physician: _____ Cell: _____

Contact Person: _____ Phone: _____

Primary Physician: _____

Information needed:

- Facesheet, copy of front and back of all insurance and prescription cards
- Office Notes/H&P - Most Recent
- List of current medications
- Lab results - Most Recent
- PFT - Most Recent
- CXR & CT Reports - Most Recent

If you have any questions or concerns contact Josue at 616.391.0813

Referral Guidelines

General: Advanced interstitial, obstructive or pulmonary vascular disease, refractory to medical therapy with limited expected survival and/or severe functional limitations.

Disease Category	Indications for Referral
Idiopathic Pulmonary Fibrosis	At time of diagnosis
COPD	BODE index > 5
Cystic Fibrosis	FEV1 < 30% of predicted
Pulmonary Arterial Hypertension	NYHA class III-IV despite optimal therapy
Sarcoidosis, LCH, LAM, others	Progressive PFT derangements, hypoxemia