



Dartmouth-Hitchcock Manchester Pulmonology Department
At CMC Notre Dame Pavilion
87 McGregor St, Suite 2200, Manchester, NH 03102
Phone: 603-629-8655 or 629-8727 Fax: 603-629-8656

PHYSICIAN REFERRAL/INTAKE FORM

Urgent Requests – please call the office Non-Urgent _____

PATIENT INFORMATION

NAME:	DOB:
HOME PHONE:	WORK PHONE:
ADDRESS:	
INSURANCE:	SSN:

REFERRING PROVIDER INFORMATION

NAME:	EMAIL:
PHONE: FA	X:
ADDRESS:	

QUESTIONS TO BE ANSWERED DURING CONSULT:

TENTATIVE DIAGNOSIS:

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LENGTH OF TIME PATIENT HAS HAD SYMPTOMS:

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DATA PREVIOUSLY OBTAINED TO EVALUATE SYMPTOMS:

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- **CT SCANS AND/OR X-RAY FILES TO BE HANDCARRIED BY PATIENT.**

PLEASE FORWARD NOTES, MEDICATION LIST, LABS, CT SCANS/XRAY RESULTS AND ANY OTHER PERTINENT TESTING INFORMATION