PHYSICIAN PARTNERS
A TMH NETWORK

TMH CARE link
A TELEMEDICINE NETWORK

SOUTHERN MEDICAL GROUP, P.A.

Pulmonology Consult Request Form

Pulmonary, Critical Care, and Sleep Medicine
1607 St James Ct, Ste 2 Tallahassee, Florida 32308
Phone: (850) 878-8714 FAX: (850) 431-8695

To initiate a consult please call (850) 878-8714 and fax this form and attached documents to (850) 431-8695

Consult Request Fax Date: _____ Consult Request Fax Time:_____

Patient Demographics

Name:_____ D.O.B._____ Primary Contact Phone#: _____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Primary Care Provider:_____ Pulmonologist :_____ Last Appt _____

Prior patient at TMH ☐ Yes ☐ No

Regional Health Network Hospital Information

Facility Name: _____Referring Provider:_____ Tel#(Back Line):_____

Patients MRN at Facility: _____ Patient's Location at Facility_____

Telemedicine Room Name: _____

Consult Information

Reason for Consult - Chief Complaint/Brief History of Present Illness and Treatment)

Allergies:_____

Vital Signs- Height_____ Weight_____ Temp_____ Pulse_____ Respiratory Rate_____ SpO2_____

Is the patient on Oxygen? ☐ Yes ☐ No Delivery method/rate _____ Is the patient intubated? ☐ Yes ☐ No

Please list relevant past medical history:

Please attach the following:

- ☐ Demographics Sheet
- ☐ History and Physical
- ☐ Medication List
- ☐ EKG(s)
- ☐ Labs : BMP ___ CBC ___ Lipids ___ Trop ___ Other ___
- ☐ Imaging Study Reports: Chest X-ray ___ CT ___ MRI ___ Other __

Provider Signature _____ Date/Time _____