



Adults with Cystic Fibrosis

Physician Referral for Individuals at Risk of Hospitalization

Please complete all items. If non-applicable please enter 'N/A'. Attach extra sheets as necessary.

Name: _____ *SSN: _____ DOB: _____

Diagnosis: Cystic Fibrosis Yes No

Diagnosis Code(s): _____ Other medical diagnoses and ICD-10 codes: _____

Date of the most recent Pulmonary Function Test: _____ FEV1%: _____

Condition					
All body systems (vision and hearing, respiratory, gastrointestinal, genitourinary, cardiovascular, musculoskeletal, and neurological) have been reviewed, and specific findings are listed:	Yes	Severe	Moderate	Mild	Comments
Respiratory					
Digestive					
Sinus					
CF Related Diabetes (CFRD)					
Transplant					
Other:					

Is patient underweight? Yes No Patient is _____ pounds below recommended weight

Diet normal? Yes No What type of diet is recommended: _____

Physician Checklist					
Can the patient perform the following activities?	Yes- with no difficulty	Yes- with moderate difficulty	Yes- with a lot of difficulty	Yes- with assistance	No- not able to perform
Running, heavy lifting, yard work					
Pushing a vacuum, household chores					
Carrying or lifting groceries					
Participate in health club regime					
Use household chemicals					

Recommended CF Treatments / Comments			
Airway Clearance:		IV Fluids:	
Tube Feedings:		Dialysis:	
Oxygen (how often?):		Physical Therapy:	
IV Medications:		Occupational Therapy:	
Other:		Other:	

Social Services and Activities Needed: Yes No

Type of Service: _____

Based on the patient's medical history and condition, I certify that this patient is disabled, and I believe there is reasonable indication that this patient might require hospitalization in the absence of home and community-based services.

Physician's Signature: _____ Date: _____

Physician's Name: _____ License #: _____

Address: _____ Telephone #: _____

***WHY ARE WE ASKING FOR YOUR SOCIAL SECURITY NUMBER (SSN)?** Federal law permits the State to use your SSN for screening and referral to programs or services that may be appropriate for you. 42 CFR § 435.910. We use the number to create a unique record for every individual that we serve, and the SSN ensures that every person we serve is identified correctly so that services are provided appropriately. Any information the State collects will remain confidential and protected under penalty of law. We will not use it or give it out for any other reason unless you have signed a separate consent form that releases us to do so or if required by law.