

# National Jewish Health Physician Referral Form

## Refer A Patient For An Evaluation at National Jewish Health

After you submit the referral, the patient will be contacted by a Lung Line nurse to complete the medical intake and to direct them to the appropriate clinic for scheduling.

If you have questions or would like to speak with someone live, you can contact the Physician Line by phone at 1-800-NJC-9555 (1-800-652-9555) from 8 am to 4:30 pm Mountain time (10 am to 6:30 pm Eastern time) Monday through Friday.

All information will be submitted through a secure server. [Privacy Policy Statement](#)

### \* Required Fields

### Physician Information:

* Physician Name:	<input type="text"/>
Type of Practice:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
* State:	<input type="text"/>
Zip:	<input type="text"/>
* Phone Number:	<input type="text"/>
Fax Number:	<input type="text"/>
E-mail Address:	<input type="text"/>

### Patient Information:

* Patient Name:	<input type="text"/>
* Patient Date of Birth:	<input type="text"/>
If Child - Parent or Guardian Name:	<input type="text"/>
Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip:	<input type="text"/>
Phone Number:	<input type="text"/>
* Diagnosis:	<input type="text"/>

**\* Medications:**

**Other Medical Problems:**

**Insurance:**

Submit