Goshen Hospital

Cardiopulmonary Rehab Services
1855 South Main St., Suite B
Goshen, IN 46526
Office 574-364-2587 Fax 574-364-2531

Patient Name _____	Ordering Physician Signature _____
Date of Birth _____Social Security _____	Ordering Physician _____
Address _____	
City _____State _____Zip _____	Primary Care Physician _____
Telephone # _____	Send Copy To _____
	Fax Results To _____
Primary Insurance _____	
Primary Policy # _____Group # _____	Diagnosis #1 _____ICD-10 Code _____
	Diagnosis #2 _____ICD-10 Code _____
Secondary Insurance _____	Diagnosis #3 _____ICD-10 Code _____
Secondary Policy # _____Group # _____	Diagnosis #4 _____ICD-10 Code _____

Tobacco Education Referral Form

Date of referral: _____

❑ Tobacco Cessation Education

- *1 to 4 education appointments as needed*
- *One-on-one education provided by certified Tobacco Treatment Specialist*

❑ Other: _____

PLEASE FAX COMPLETED FORM TO
574-364-2531