MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

OUTPATIENT CONSULT REQUEST

Send Form and Records to:
IntMed-Pulm-CallCenter@med.umich.edu
Or Fax to: 734-998-2517

Division of Pulmonary & Critical Care Medicine
1500 East Medical Center Drive
Ann Arbor, MI 48109-0361
Office: 888-287-1084
Fax: 734-998-2517

Today's Date:

Patient Demographic Information

Patient Last Name:		Patient First Name:	
Street Address:	City:	State:	Zip:
Home Phone:		Cell Phone:	
Patient Sex assigned at birth:		Patient Gender:	
Main Contact Name (if not patient):		Main Contact Phone:	
Primary Insurance Company:			
Date of Birth:			

Physician Information

Referring Physician Name:			
Office Contact Name:			
Address:	City:	State:	Zip:
Phone:		Fax:	
Primary Care Physician Name (if different than referring physician):			
Address:	City:	State:	Zip:
Phone:		Fax:	

If referring to a specific provider, please note: _____

Is this referral for a 2nd opinion only (patient will return to care of referring provider after consultation)?

☐ Yes ☐ No

SELECT THE PATIENT'S PRIMARY DIAGNOSIS AND ANSWER ANY APPLICABLE QUESTIONS

Check appropriate category.

	General Pulmonary	*Referring Diagnosis / Comments:*
	Assisted Ventilation Clinic (AVC)	*Referring Diagnosis / Comments:*
	Asthma • Has the patient had an ER visit or hospitalization related to asthma in the past 12 months? ☐ YES ☐ NO ☐ UNKNOWN • Does the patient require maintenance oral corticosteroids (OCS) or had 2 or more exacerbations in the past 12 months? ☐ YES ☐ NO ☐ UNKNOWN • Is the patient currently using biologic therapy for asthma or is referral for consideration of biologic therapy? ☐ YES ☐ NO ☐ UNKNOWN • Is the patient still symptomatic despite high dose inhaled corticosteroid (ICS)/long-acting beta agonist (LABA)? ☐ YES ☐ NO ☐ UNKNOWN	
	COPD • Has the patient had 2 or more exacerbations in the last year? ☐ YES ☐ NO ☐ UNKNOWN • Is the patient currently hospitalized or been hospitalized in the last year for a COPD exacerbation? ☐ YES ☐ NO ☐ UNKNOWN • Is the referral to consider advanced therapeutic options for severe COPD (lung volume reduction surgery, endobronchial valves)? ☐ YES ☐ NO ☐ UNKNOWN	
	Cystic Fibrosis (CF)	*Comments:*
	Cystic Lung Disease / LAM	*Referring Diagnosis / Comments:*
	Interstitial Lung Disease (ILD)	*Referring Diagnosis / Comments:*
	Interventional Pulmonology ☐ Malignant ☐ Non-malignant ☐ Pleural	*Referring Diagnosis / Comments:* Please use the Interventional Pulmonology form, located here: http://www.med.umich.edu/pdf/IP-Referral-Form.pdf
	Lung Nodule / Mass	*Referring Diagnosis / Comments:* • Does the patient have a 4mm or larger pulmonary nodule or growing nodule? ☐ YES ☐ NO ☐ UNKNOWN
	Post – COVID Pulmonary Symptoms	*Comments:*
	PULSE / Post-ICU • Was the patient hospitalized in the ICU at Michigan Medicine (or another hospital) in the last 12 months? ☐ YES ☐ NO ☐ UNKNOWN	