

#### **Send Form and Records to:**

IntMed-PulmCallCenter@med.umich.edu

Or Fax to: 734-539-0317

# INTERVENTIONAL PULMONARY OUTPATIENT CONSULT REQUEST

Taubman Center Floor 3, 1500 East Medical Center Drive Ann Arbor, MI 48109-5410 Office: 888-287-1084

Fax: 734-539-0317

Today's Date:

		Diagnosis / Comments:				
☐ Pleural Disease						
☐ Complex Airway Disease: Maligna	ant					
☐ Complex Airway Disease: Non-ma	alignant					
☐ Other:						
	Patient Demograp	hic Information				
Patient Last Name:		Patient First Name:				
Street Address: Ci		Sta	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 Inf	ormation				
Referring Physician Name:	Physician Inf	ormation				
Referring Physician Name: Office Contact Name:	Physician Inf	formation				
	Physician Inf	Formation State:	Zi	p:		
Office Contact Name:	·		Zi	p:		
Office Contact Name: Address:	City:	State: Fax:	Zi	p:		
Office Contact Name: Address: Phone:	City:	State: Fax:	Zi			



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Notes

Last note from referring

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Imaging and Testing

Imaging reports and images (to be

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# Please send the records below with each referral and check the boxes for the items you are sending.

Prior pleural fluid analysis (if

Pathology Results

#### Pleural disease consults

	provider  Most recent discharge summary (if applicable)  Prior procedure notes (bronchoscopy, laryngoscopy, thoracentesis)		<ul> <li>available). These should include</li> <li>Cell count and differential</li> <li>Protein, LDH, glucose, albumin, pH, cholesterol</li> <li>Cytology and flow-cytometry</li> <li>Cultures</li> <li>Prior biopsy results (if applicable):</li> </ul>		uploaded in PACS system)  Most recent Chest X-Ray within 10 days*  PFTs within the last year*  Other tests (latest echocardiogram, V/Q scans, stress tests)		
			pathology and culture reports	oult			
Complex airway disease consults							
No		Pa	thology Results	Ima	aging and Testing		
	Last note from referring provider  Most recent discharge summary (if applicable)		Prior pleural fluid analysis (if available). These should include:		Imaging reports and images (to be uploaded in PACS system) Imaging includes CT chest, PET CT and MRI brain.		
	Prior procedure notes (bronchoscopy, laryngoscopy, thoracentesis, IR		<ul><li>albumin, pH, cholesterol</li><li>Cytology and flow- cytometry</li><li>Cultures</li></ul>		CT chest w/o contrast in the past 30 days*  PFTs within the last year*		
	procedure)		Prior biopsy results (if applicable): pathology and culture reports		Cardiac tests - if available (latest echocardiogram, stress test)		
Patients with prior tracheostomies should also include:							
	Most recent ENT note						
	Procedure tracheostomy note (if available)						
Patients referred for tracheobronchomalacia should also include (must be done within the past 6 months):							
	ENT evaluation (to rule out vocal cord dysfunction)				Full PFTs pre/post bronchodilator (BD)		
	Pulmonary note				6 Minute Walk Test (6MWT)		
					Dynamic CT trachea without contrast		
					GERD evaluation. Prefer a motility test: a 24 hour impedance study with LPR, esophageal manometry and oxygen saturation. If this cannot be tolerated a BRAVO study is acceptable.		

<sup>\*</sup>Chest X-ray, EKG, PFT and some lab testing can be arranged at Michigan Medicine on the same day as the clinic visit, if desired.