

# INTERVENTIONAL PULMONARY OUTPATIENT CONSULT REQUEST

Send Form and Records to:  
[IntMed-Pulm-  
CallCenter@med.umich.edu](mailto:IntMed-Pulm-CallCenter@med.umich.edu)  
 Or Fax to: 734-539-0317

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: \_\_\_\_\_

**Reason for Consult Request:**

- Pleural Disease
- Complex Airway Disease: Malignant
- Complex Airway Disease: Non-malignant
- Other: \_\_\_\_\_

**Diagnosis / Comments:**

**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**

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

If referring to a specific provider, please note: \_\_\_\_\_

**Imaging:** Please list the dates and locations of all chest imaging and PET scans, below.

**Chest CT**      Date: \_\_\_\_\_      Location: \_\_\_\_\_  
**PET Scan**      Date: \_\_\_\_\_      Location: \_\_\_\_\_

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

### Pleural disease consults

Notes	Pathology Results	Imaging and Testing
<input type="checkbox"/> Last note from referring provider <input type="checkbox"/> Most recent discharge summary (if applicable) <input type="checkbox"/> Prior procedure notes (bronchoscopy, laryngoscopy, thoracentesis)	<input type="checkbox"/> Prior pleural fluid analysis (if available). These should include <ul style="list-style-type: none"> <li>• Cell count and differential</li> <li>• Protein, LDH, glucose, albumin, pH, cholesterol</li> <li>• Cytology and flow-cytometry</li> <li>• Cultures</li> </ul> <input type="checkbox"/> Prior biopsy results (if applicable): pathology and culture reports	<input type="checkbox"/> Imaging reports and images (to be uploaded in PACS system) <input type="checkbox"/> Most recent Chest X-Ray within 10 days* <input type="checkbox"/> PFTs within the last year* <input type="checkbox"/> Other tests (latest echocardiogram, V/Q scans, stress tests)

### Complex airway disease consults

Notes	Pathology Results	Imaging and Testing
<input type="checkbox"/> Last note from referring provider <input type="checkbox"/> Most recent discharge summary (if applicable) <input type="checkbox"/> Prior procedure notes (bronchoscopy, laryngoscopy, thoracentesis, IR procedure)	<input type="checkbox"/> Prior pleural fluid analysis (if available). These should include: <ul style="list-style-type: none"> <li>• Cell count and differential</li> <li>• Protein, LDH, glucose, albumin, pH, cholesterol</li> <li>• Cytology and flow-cytometry</li> <li>• Cultures</li> </ul> <input type="checkbox"/> Prior biopsy results (if applicable): pathology and culture reports	<input type="checkbox"/> Imaging reports and images (to be uploaded in PACS system) Imaging includes CT chest, PET CT and MRI brain. <input type="checkbox"/> CT chest w/o contrast in the past 30 days* <input type="checkbox"/> PFTs within the last year* <input type="checkbox"/> Cardiac tests - if available (latest echocardiogram, stress test)

*Patients with prior tracheostomies should also include:*

<input type="checkbox"/> Most recent ENT note <input type="checkbox"/> Procedure tracheostomy note (if available)		
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*Patients referred for tracheobronchomalacia should also include (must be done within the past 6 months):*

<input type="checkbox"/> ENT evaluation (to rule out vocal cord dysfunction) <input type="checkbox"/> Pulmonary note		<input type="checkbox"/> Full PFTs pre/post bronchodilator (BD) <input type="checkbox"/> 6 Minute Walk Test (6MWT) <input type="checkbox"/> Dynamic CT trachea without contrast <input type="checkbox"/> 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.
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\*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.