C.S. MOTT CHILDREN'S HOSPITAL
UNIVERSITY OF MICHIGAN HEALTH SYSTEM

Division of Pediatric Pulmonology
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Michigan Medicine Pediatric Pulmonology External Referral

Pediatric Pulmonology at C.S. Mott Children's Hospital sees children for diagnostic evaluations and follow-up management visits for a range of conditions related to child respiratory health.

- Evaluations for sleep apnea should be referred to the Sleep Medicine Division.
- Evaluations for pulmonary hypertension should be referred to Pediatric Cardiology.

If you are unsure whether a referral is appropriate, you can call our office at 734-764-4123. Please note, if the referral is incomplete or does not include the last clinic note, our office will be unable to process the referral.

Please return completed form below with LAST CLINIC NOTE(S) to fax: 734-936-6897

Referring Provider Name:	
Patient Name:	DOB:
Age:	
Parent/Guardian Name:	Phone number:
Patient Address:	
Existing Diagnoses (please list):	
Insurance Carrier (primary):	
Please indicate urgency (if URGENT, please describe)	URGENT / ROUTINE Reason:

Reason for Referral – Please check one (1) reason that best describes referral concern	**Check One:**
Asthma • Is the patient at high risk for serious asthma exacerbation (prior ICU; 2+ ED visits/hospitalizations or 3+ oral steroids in past year despite maintenance inhaler; FH of asthma mortality)? [Y/N] • Do you have concerns for significant social or economic barriers to successful chronic asthma management where multidisciplinary case management would be beneficial? [Y/N] • Evaluation for biologic treatments for asthma	
Cystic Fibrosis Has the patient had a sweat test or genetic testing? [Y/N]	
Concern for Cystic Fibrosis (please include last clinic note) Does the patient need sweat/genetic testing? [Y/N]	
Bronchopulmonary Dysplasia (BPD) Is the patient on supplemental oxygen? [Y/N]	
Evaluation By the Pediatric Home Ventilator Program - invasive and non-invasive mechanical ventilation (please include last clinic note)	
Respiratory Support Due to Neuromuscular Disease Requiring Multidisciplinary Evaluation (please include last clinic note)	
Primary Ciliary Dyskinesia (please include last clinic note from referring clinician) Has the patient had genetic testing? [Y/N] If Y, please send test results	
Need for Bronchoscopy	
Other (Describe):	