C.S. MOTT CHILDREN'S HOSPITAL
MICHIGAN MEDICINE

www.mottchildren.org/congenital

Pediatric Cardiothoracic Surgery Request

Patient Name: ______________________ DOB: ______________

Preferred Contact Name: ______________________ Relationship: ______________

Phone: ______________________ Demographics attached? ☐ Yes ☐ No

Previous Michigan Medicine encounters: ☐ Yes ☐ No MRN: ______________

Diagnosis: ______________________

Referring Cardiologist: ______________________ Requested Surgeon: ______________

Requested surgical procedure: ______________________

Anticipated timing of surgical procedure: ______________________

Last clinic note sent (outside Michigan Medicine): ☐ Yes ☐ No (attach to email)

Brief synopsis (including previous cardiac surgeries and interventions if not included above): ______________

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Are previous surgeries/interventions included in clinic note?: ☐ Yes ☐ No ☐ NA

Recent illnesses/hospitalizations (in past 4-6 weeks): ☐ Yes ☐ No (attach clinical note)

Anticoagulation therapy: ☐ None ☐ Coumadin ☐ Plavix ☐ Aspirin ☐ Other ______________

Pacemaker/ICD: ☐ Yes ☐ No Device type: ______________ Pacemaker dependent: ☐ Yes ☐ No

Testing performed: ☐ Echo ______________ *date/location* ☐ Cath ______________ *date/location*

☐ MRI/CT ______________ *date/location* ☐ Stress test ______________ *date/location* ☐ EKG/Holter ______________ *date/location*

Testing requested at Michigan Medicine: ☐ Echo ______________ ☐ Cath ______________

☐ MRI/CT ______________ ☐ Stress test ______________ ☐ EKG/Holter ______________

Dental clearance completed (12 mos. & up): ☐ Yes ☐ No Date of last dental visit: ______________

Additional Subspecialty Services requested: ______________________

Genetics Testing: ☐ Completed ______________ ☐ Consult requested ______________

Special considerations (SW consults, adoption, guardianship, transportation, etc.): ______________

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Additional notes: ______________________

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Please **email** completed form to **korlando@med.umich.edu** or **fax** completed form to (**734) 232-8595.**