



Department of Internal Medicine
Division of Pulmonary & Critical Care Medicine/Dyspnea Clinic
1500 East Medical Center Drive
Ann Arbor, MI 48109-0361
Clinic: 734-763-7668 Fax: 734-936-3494

REQUEST FOR CONSULTATION

PLEASE COMPLETE FORM AND FAX TO 734-936-3494. Missing information may delay the referral process.

Today's Date: Contact Name & Number:

Section 1: Patient Information

Patient Name: (PLEASE PRINT)

Address: City/State/Zip:

Date of Birth: Sex: Female Male

Telephone #s: (home): (cell or work):

Patient's Insurance (REQUIRED): If referral authorization is required, please fax to 734-936-3494

BCN BCBS Medicaid Medicare HMO POS PPO Other

Section 2: Physician Information

Referring Physician's Name: UPIN #

Address: City/State/Zip:

Telephone #: Fax Number:

Primary Care Physician's Name: UPIN #

Address: City/State/Zip:

Telephone #: Fax Number:

Section 3: Patient History

Diagnosis:

To avoid duplication of tests, please list relevant studies and date completed: Fax reports if not performed at U of M

- Chest X-Ray date: Location:
Chest CT date: Location:
PFT date: Location:
Lung Biopsy date: Location:

Reason for referral. Please check appropriate box below:

- Lung Transplant Evaluation COPD/Emphysema LVRS/Valve Procedure
ILD/IPF/Scleroderma Sarcoidosis Other