



**MICHIGAN MEDICINE**  
UNIVERSITY OF MICHIGAN

**Department of Physical  
Medicine & Rehabilitation**

Burlington Building  
325 East Eisenhower Parkway Ann Arbor, Michigan 48108  
Physician Clinic: 734-936-7175  
Rehab Psychology & Neuropsychology Clinic: 734-936-7052  
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**Adult Post-Covid Clinic New Patient Information Request Form**

Date: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Thank you for referring your patient to the University of Michigan Adult Post-Covid Clinic. To properly evaluate your patient's referral, please complete the following questions in addition to faxing the **additional** information we have requested below to our clinic:

1) It is required that the patient has **documented, lab-confirmed** COVID-19 infection from more than 3 months ago; does this patient meet that criteria?  Yes  No

*Note: We cannot accept home test results or a positive antibody result as proof of infection.*

2) Was this patient hospitalized for complications of COVID-19 infection?  Yes  No

3) Primary Symptoms (*check all that apply*):

Exertional fatigue  Chronic fatigue  \_\_\_\_\_

Neurologic concerns (dizziness, altered gait, etc)  Musculoskeletal or joint pain

Spine or back pain  Adjustment or mood disorder

Cognitive concerns (forgetfulness, difficulty concentrating, etc)

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New Patient Consultation Request form - required for scheduling

Lab-confirmed positive COVID-19 test - required for scheduling

Reports of any lab studies performed during or after COVID-19 infection

Reports of any radiological studies performed during or after COVID-19 infection

*If you are including more than 10 pages of medical records, please indicate the page numbers for where the required information can be found so that we can verify that the referral is complete.*

Thank you,

Physical Medicine & Rehabilitation | Adult Post-Covid Clinic  
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