



GREATER LANSING

Respiratory Services
McLaren Greater Lansing
401 W. Greenlawn
Lansing, MI 48910
OFFICE: (517) 975-6653
FAX: (517) 975-6660

ASTHMA EDUCATION
PATIENT INFORMATION

Patient Name: _____ Referral Date: _____

Address: _____ Day Phone: _____

City: _____ Zip Code: _____ Evening Phone: _____

Birth Date: _____ Age: _____ Diagnosis: _____

Insurance: _____ Second Insurance: _____

Ordering Physician: _____ Phone: _____

Referring Physician: _____ Phone: _____

PLEASE INCLUDE ALL MEDICATIONS AND PAST HISTORY

