# Randall Children's Hospital-Specialty referral

Please complete this form and fax below.

Oregon Locations 503-413-2419 Washington Locations 360-487-1033

Thank you for referring your patient to Randall Children's. Please indicate the specialty to which you are referring.

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- **Urgent review** (*Fax then call clinic*)
- O Immediate/Specialty consult (call for physician to physician consult) Legacy One Call 1-800-500-9111

After consult, submit referral for	r urgent review
Select children's spec	ialist(s) needed:
☐ Audiology/Hearing Loss Cli 503-413-4327 Portland36	
☐ Cardiac Surgery	503-280-3418
☐ Child Abuse Response and (see page 2 for referral inform	
☐ Child Development, Behav	ioral Pediatrics
	503-692-1670 Tualatin
☐ Cleft Palate/Craniofacial Te	am503-413-5221
☐ Dermatology	503-413-3164
☐ Diabetes & Endocrine	503-413-1600
☐ Dietary, Nutrition (only)	503-413-4505 Portland 0-487-1778 Vancouver
☐ ENT/Otolaryngology	503-413-3690
☐ Feeding Team	
☐ Gastroenterology	503-276-6138
☐ Genetics/Metabolic	503-944-5970
☐ Hematology/Oncology	503-276-9300
☐ Infectious Disease	503-413-3506
☐ Inpatient Rehabilitation	503-413-2738
☐ Nephrology	503-413-3926
☐ Neurology	503-413-3600
☐ Neuropsychology	503-413-4505
☐ Neurosurgery	503-413-3690
☐ Occupational Therapy Camas–SE WA @ LMG Family Tualatin 503-692-1670Val	Wellness 360-487-4679
☐ Orthopedics	503-413-4488
☐ Physiatry/Rehabilitation Me	edicine503-413-4505
☐ Physical Therapy Tualatin 503-692-1670Vai	
☐ Plastic & Reconstructive Su	rgery503-413-3690
☐ Pulmonology	503-413-2050
☐ RCH T (Transgender) Clinic	503-413-1600
☐ Rheumatology	503-413-3930
☐ Sleep	503-413-3600
☐ Speech/Language Patholog Portland 503-413-4505 Camas-SE WA @ LMG–Family Tualatin 503-692-1670Vai	Wellness 360-487-4679
☐ Surgery (General)	503-413-4300
☐ Urology	
☐ Other:	

#### Patient's information

Preferred location for service:	
Child's Full Name:	
Alias/Nickname:	Gender: DOB
Parent/Guardian Name:	DOB
Street Address:	
City	State Zip Code
Home phone	Cell phone
Work phone	Work phone
Parent/Guardian email	
Preferred contact method	
Contact choice: ☐ Home cell ☐	☐ Cell phone ☐ Work phone ☐ Work email
Primary Language Interpreter need	led Oyes Ono
Primary Insurance:	
☐ Secondary Insurance:	
Guarantor/Policy Holder:	
Member ID:	Group #:
Reason for referral/specific q	uestions to be answered
Specific question to be answered/o	describe clinical presentation/symptoms:
O Check here if additional reco	ords included. See back for preferred.
Referring provider's inform	nation
Name:	
Clinic/Practice:	
Practice Address:	
Phone:	Fax:
Office Contact:	
Printed name ordering physician: _	
For any therapy referrals (OT/PT/Sp	eech) referring provider's signature is required:
Referring Provider/PCP Signatur	e
Date	Time



RANDALL CHILDREN'S Specialty Care

#### Items checklist

#### Icons/colors in department banners indicate locations available

- Randall Campus, Portland
- Meridian Park Campus, Tualatin
- Bend, OR
- \* Cornell/West Portland
- O Corvallis, OR
- + Salem, OR
- **★** Springfield, OR
- ▲ Camas, SE WA
- ♦ Longview, WA
- □ Vancouver, WA

## Audiology/Hearing Loss Clinic 503-413-4327 Portland 360-487-1719 Vancouver



- Vancouver (Infant Hearing Test; Age 2 & older Sedated & Non-Sedated ABR Only)
- Please note whether child needs audiology 'hearing test' or sedated or non-sedated ABR
- · Please note whether child has had newborn screening and if so, did they pass one ear or both
- Please note if the child has had two hearing evaluations and failed both

#### Cardiac Surgery 503-280-3418



- Recent Medical Records
- Any chest x-rays
- Any EKGs
- · Any Echocardiograms

Child Development, **Behavioral Pediatrics** 503-413-4505 Portland 503-692-1670 Tualatin 360-487-1778 Vancouver





- Recent providers notes related to diagnosis
- Recent developmental screening, noted behaviors, and/or current involvement in therapies/services
- Include information gathered from family and/or teacher
- Patients must be 12 months to 4 years 11 months at the time of referral

#### Cleft Palate/Craniofacial Multidisciplinary Clinic 503-413-5221



- Head circumference curves for patients being referred for head shape issues
- Any recent studies or workups
- · Head circumference measurements

#### Dermatology 503-413-3164



- Chart notes supporting diagnosis or need for evaluation
- Recent provider notes related to diagnosis

#### Diabetes & Endocrine 503-413-1600







- Weight & Growth charts with growth trends
- Relevant labs
- Relevant imaging (Bone Age, Xrays, etc.)

#### Dietitian 503-413-4505 Portland 360-487-1778 Vancouver



- Weight and growth curves
- Growth charts showing growth trend
- Swallow studies if available
- Lab results related to poor weight gain and/or poor nutrition
- Provide copy of food diary if available.
- Any history of requiring diet/liquid texture modification, calorie supplementation, and/or non-oral supplementation for maintenance of hydration and/or nutritional needs
- · Any history of aspiration pneumonia

#### Ear, Nose, and Throat 503-413-3690



- Recent office visit notes
- · Any applicable imaging including dental

#### Feeding Team 503-413-4505



- Any hx diet and/or liquid texture modification, calorie supplementation, or non-oral supplementation
- · Any history of aspiration pneumonia
- · Weight and growth charts
- Relevant Labs in association with poor growth or nutrition
- Swallow Study results
- Food diary, if available

#### Gastroenterology 503-276-6138



- Chart notes within the last year directly pertaining to diagnosis
- Growth charts and curves
- · All relevant labs within last year
- All relevant diagnostic imaging and reports

# General Surgery & Trauma Follow Up Clinic 503-413-4300



- Relevant imaging
- Recent clinic notes or recent hospital discharge notes
- All surgery notes, ED, physical therapy

#### Genetics 503-944-5970



- Results of any previous testing Including previous genetic testing, x-rays and growth charts
- If referral is for family history of a condition, any records on affected family member if possible
- If family member is a parent, please include a signed ROI to obtain records (including patients diagnosed in utero)
- Down Syndrome-Confirmation of diagnosis: testing results or documentation that patient has Down Syndrome
- All patient records and labs

#### Hematology/Oncology 503-276-9300





- All recent lab results
- Imaging results
- Biopsy/pathology reports/surgical reports if applicable
- Recent progress notes to include current medications

#### Infectious Disease 503-413-3506



- Please have the referring provider contact the clinic for a physician-tophysician consult with our on-call infectious disease provider.
- The provider will guide on next best steps and initiate appointment scheduling as appropriate.

## Inpatient Rehabilitation 503-413-2738



### Nephrology 503-413-3926



#### · Relevant chart notes

- · Growth charts
- Relevant PCP notes (such as blood pressure measurements for hypertension)
- Relevant specialty notes (such as Urology, Cardiology)
- Relevant previous Nephrology notes
- Relevant labs (such as CBC, chemistry, urine tests)
- · Relevant imaging studies (such as echo, renal/abdominal ultrasound, CT, MRI, VCUG, Lasix Renogram)

## Neurology 503-413-3600





- Chart notes supporting diagnosis and/or the need for evaluation
- · Duration and severity of issue, past treatments, medications and testing recommended

- Recent diagnostic test results
- · Relevant imaging

#### Neuropsychology 503-413-4505



- Chart notes supporting diagnosis and/ or the need for evaluation, duration and severity of issue and past treatments, medications and testing recommended
- · Recent diagnostic test results
- · Any other relevant information

#### Neurosurgery 503-413-3690



- Any imaging of brain and/or spine
- ${\boldsymbol{\cdot}}$  Growth charts for macrocephaly and head shape abnormalities
- · Any previous surgical notes

#### Occupational Therapy Portland 503-413-4505 Camas-SE WA @ LMG Family Wellness 360-487-4679

Tualatin 503-692-1670 Vancouver 360-487-1778





- Eval (97165, 97166, 97167)
- · Reason for referral
- ${\boldsymbol{\cdot}}$  If patient is or has received occupational therapy services at school or private setting, please provide evaluation, progress, and discharge report

#### Orthopedics (fax referral to Oregon number for processing) 503-413-4488



- Related imaging reports and Facilities where they were performed (images pushed if possible)
- · Any other related notes regarding referred diagnosis, surgery op notes, ED, physical therapy, specialist, etc.

#### Physiatry/Rehabilitative Medicine Portland 503-413-4505 Tualatin 503-692-1670 Vancouver 360-487-1778





- NICU follow-up, Wheelchair clinics • Relevant chart notes within the last year
- Specify functional concerns and diagnostic issues
- Related imaging reports

#### Physical Therapy Portland 503-413-4505 Tualatin 503-692-1670 Vancouver 360-487-1778



- Eval-(97161, 97162, 97163,) · Reason for referral
- If patient is or has received physical therapy services at school or private setting, please provide evaluation, progress, and discharge report

#### **Plastic & Reconstructive Surgery** 503-413-3690

If this document needs to be added or replaced on legacyhealth.org, please include the path:

Document is included on all Randall Children's Specialty webpages and https://www.legacyhealth.org/chil-

- dren/provider-resources/
- Relevant imaging (MRI/CT/US/XRAY) · Recent clinic visit notes or discharge

# Pulmonology 503-413-2050







- · Relevant chart notes
- Relevant chart notes within the last year · Chest imaging within the last two years
- · All labs within last year
- PFT results
- Sweat chloride test
- Genetic test results

#### RCH T (Transgender) Clinic 503-413-1600



- Growth charts (including those showing growth trend)
- Relevant labs
- All relevant imaging, including Bone Age X Rays

#### Clear contact for follow up/questions

- · Chart notes relating to reason for referral Any mental health or behavioral health. contacts if relevant

#### Rheumatology 503-413-3930



- Relevant chart notes
- Most recent lab results, if referring for +ANA please include result
- Relevant Imaging reports
- · Push images pertaining to referral to Legacy PACS (if available)
- Relevant Specialty notes

#### Sleep 503-413-3600

- · Chart notes supporting diagnosis and/or
- Duration and severity of issue and past treatments, medications and testing

- For **Sleep Lab** to perform sleep study please send signed order from

Portland 503-413-4505 Camas-SE WA @ LMG-Family Wellness



- $\bullet \ {\sf Dysphagia} \ {\sf or} \ {\sf oromyofunctional} \ {\sf eval};$ (92610)

• MBSS (92611)

· Reason for referral • If patient is or has received speech



- Relevant chart notes • Recent labs (A1C, CMP, TSH, Free T4,

### · Growth Charts **Child Abuse Response and**

Oregon: Multnomah, Washington

- counties CARES Northwest Phone 503-276-9000 • Any child with a visible injury concerning
- call immediately. Any child with a concern for an acute
- Please include most recent visit note and labs or images specific to concern, and if you have already made a mandatory report to either law enforcement or child
- Oregon Child Abuse Hotline 1-855-503-SAFE (7233)

# Klickitat, Skamania, Wahkiakum

Team (CAAT) • Requires Mandatory Reporting

• CAAT Referral Form available https:// www.legacyhealth.org/children/ health-services/child-abuse

(not Central Fax #) • CAAT Intake Line if questions:

# Urology 503-413-4300



- recommended
- referring provider

Tualatin 503-692-1670



- language pathology services at school or private setting, please provide evalua-tion, progress, and discharge report

- Limited to specific locations
- for abuse is considered urgent, please
- please call immediately.

# SW Washington: Clark, Cowlitz,

and faxed CAAT Referral Form (Not Central Referral Form)

• Use CAAT Fax Number 360-487-1779

## • Relevant PCP notes

- the need for evaluation
- Any other relevant information

Speech Language Pathology (92523) 360-487-4679



- Eval (92523, 96125, 92522, 92524)
- Aug Com Eval (92607) (1st hour) 92608 (+ ½ hour)

# Weight Management/Obesity 503-413-1600

# Fasting Lipid Panel),

**Evaluation Services** 

- sexual assault is considered urgent,
- protective services.

counties Salmon Creek Child Abuse Assessment

360-487-1793

# Any imaging of the kidneys or bladder (ultrasound, CT, MRI, VCUG, renogram)

- results

• Previous urology notes • Previous urinalysis and urine culture

- · Recent diagnostic test results