Legacy Medical Group–Palliative Care

Physician Referral Form

LEGACY HEALTH | LEGACY MEDICAL GROUP

Date _____

Acuity level of referral
☐ Urgent, 24–48 hours ☐ Immediate, 1–2 weeks ☐ Priority, 2–4 weeks ☐ Routine, 4–6 weeks

☐ **Legacy Emanuel Medical Center**
Medical Office Building 3
300 N. Graham St., Suite 320
Portland, OR 97227

☐ **Legacy Good Samaritan Medical Center**
Medical Office Building 3
1130 N.W. 22nd Ave., Suite 110
Portland, OR 97210

☐ **Legacy Mount Hood Medical Center**
Medical Office Building 4
25050 S.E. Stark St.
Gresham, OR 97030

☐ **Legacy Salmon Creek Medical Center**
Medical Office Building A
2121 N.E. 139th St., Suite 400
Vancouver, WA 98686

Patient information

Last name _____ First name _____ Middle initial _____

Date of birth _____ Phone _____

Does patient require an interpreter? ☐ Yes ☐ No If yes, what language? _____

Contact person _____ Relationship _____ Phone _____

Schedule appointments with: ☐ Patient ☐ Contact person

Provider information

Primary care physician (PCP) _____ Phone _____

Referring provider if different from PCP _____ Phone _____

Specify what you want this consult to accomplish. Mark all that apply.

☐ Pain and symptom management*
☐ Goals of care discussion
☐ Completion of POLST and Advance Directives
☐ Pre-hospice consultation
☐ Patient and/or family counseling with social worker*
☐ Other _____

Chronic pain management not associated with life-threatening illness should be referred to a Legacy Health Pain Management Clinic. Untreated/undiagnosed mental illness needs to be evaluated by a mental health professional prior to referral.

Awareness of diagnosis/prognosis/referral to Palliative Care

	Patient		Family and/or caregiver	
Diagnosis	☐ Yes	☐ No	☐ Yes	☐ No
Prognosis	☐ Yes	☐ No	☐ Yes	☐ No
Referral	☐ Yes	☐ No	☐ Yes	☐ No

Please include all chart notes, labs, imaging or anything pertinent to patient's health care and fax to 503-413-6951. For questions, call 503-413-6862. Thank you!