Legacy Medical Group–General Surgery

Physician Referral Form

LEGACY HEALTH

○ Legacy Medical Group–General Surgery
Legacy Good Samaritan Medical Center
Good Samaritan Building 3, Suite 500
1130 N.W. 22nd Ave. • Portland, OR 97210
Hours: Monday–Friday, 8 a.m.–5 p.m.
24-hour on-call physician coverage
Phone: 503-413-5725 • Fax: 503-413-5726

○ Legacy Medical Group–General Surgery
Legacy Mount Hood Medical Center
Medical Office Building 1, Suite 206
24900 S.E. Stark St. • Gresham, OR 97030
Hours: Monday–Friday, 8 a.m.–5 p.m.
Phone: 503-674-1520 • Fax: 503-674-1599

General Information

Last Name _____ Legal first name _____ M.I. _____

Address _____ City _____ State _____ Zip _____

Primary phone *(home/cell/work)* _____ 2nd phone *(home/cell/work)* _____

Sex ○ Male ○ Female Social Security number _____ Date of birth *(mm/dd/yyyy)* _____

Height _____ Weight _____

Reason for referral (check boxes)

☐ Hernia ☐ Gallbladder ☐ Thyroid/parathyroid ☐ Colon ☐ Breast

☐ Mass _____ ☐ Other _____

Please include a recent H & P

_____

Insurance Information

Primary insurance name

_____

Address _____

Policy holder name _____

Group number _____

I.D. number _____

Insurance company phone _____

Employer _____

Secondary insurance name

_____

Address _____

Policy holder name _____

Group number _____

I.D. number _____

Insurance company phone _____

Employer _____

Additional comments *(if any)*

_____

Referred by _____

Primary care physician _____ Office phone _____