

# Pediatric Development and Rehabilitation



**RANDALL CHILDREN'S HOSPITAL**  
LEGACY EMANUEL

## Specialty-specific Referral Form

### Randall Children's Hospital at Legacy Emanuel

2801 N. Gantenbein Ave., Room 2225

Portland, OR 97227

Phone: **503-413-4505** • Fax: **503-413-4719**

Legacy Emanuel tax ID: 93-0386823

#### Patient information

Legal name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sex  Male  Female Date of birth (mm/dd/yyyy) \_\_\_\_\_

Diagnosis \_\_\_\_\_ ICD-10 \_\_\_\_\_

Precautions \_\_\_\_\_

Parent/guardian \_\_\_\_\_

Primary phone (home/cell/work) \_\_\_\_\_ Secondary phone (home/cell/work) \_\_\_\_\_

Interpreter needed?  Yes  No If yes, language \_\_\_\_\_

Insurance \_\_\_\_\_ I.D. number \_\_\_\_\_

Guarantor \_\_\_\_\_ Guarantor DOB (mm/dd/yyyy) \_\_\_\_\_

Primary care provider \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

#### Reason for referral

- Physical therapy evaluation (97163)
- Occupational therapy evaluation (97167)
- Speech language therapy evaluation (92523)
  - Augmentative communication (92607 + 92608 x4)
  - Dysphagia/swallowing, no radiology (92610)
  - Modified barium swallow with radiology and chairside (92611 + 92610)
- Dietitian consult (97802)
- Physiatry consult (99205)
- Genetic consult (99205)
- Developmental pediatrician consult (99205 + 99215 x2 + 96116 + 96111 x2)
- Other \_\_\_\_\_

**Referral must include current chart notes and patient demographic information.**

#### Please provide details of the patient's issue

#### Referring provider

Name \_\_\_\_\_ Clinic \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Office contact (if different than referring) \_\_\_\_\_

Primary care provider (if different than referring) \_\_\_\_\_

Physician/PCP signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_