

Legacy Medical Group—Geriatrics

Physician Referral Form

Fax: 503-413-8011



LEGACY
MEDICAL GROUP

<p>Date _____</p>	<p><input type="radio"/> Routine *If urgent request, please call clinic at 503-413-8018. Additional information required. As a consult clinic we are unable to process “emergent” referrals.</p> <p><input type="radio"/> *Urgent</p>
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Patient information

Last name: _____ First name: _____ Middle initial: _____

DOB: _____ Phone: _____

Person(s) accompanying patient to appointment: _____ Relationship: _____ Phone: _____

Schedule appointments with: Patient _____ Contact person(s): _____

Interpreter required? Yes No If yes, what language? _____

<p>Referral criteria:</p> <ol style="list-style-type: none">1. We see patients 65 years and older. If under 65, a neurology evaluation is required2. Include at least 2 years of medical records3. If referral is for cognitive concern, we request a reliable historian/support person accompany patient4. A detailed assessment and recommendations will be shared with referring provider/PCP5. Geriatrics is unable to assume longitudinal care & prescribing, PCP to oversee6. For patients taking benzodiazepines, Geriatrics can support with tools and alternative medications7. If you are not patient’s PCP, notify PCP of referral <p>8. Missing or incomplete information will lead to delay or denial of referral</p>	<p>Required information:</p> <ol style="list-style-type: none">1. Name and contact of neurologist (if applicable): _____ _____2. Support person/family accompanying patient: _____ _____ Relationship: _____3. Name and contact of mental health provider(s): _____ _____4. List all psychiatric diagnosis and any psychiatric hospitalizations: _____ _____5. Alcohol or substance use concerns: _____ _____	<p>Reason for referral:</p> <p>Services requested (check all that apply)</p> <ul style="list-style-type: none"><input type="checkbox"/> Establishing diagnosis<input type="checkbox"/> Management<input type="checkbox"/> Memory/Cognitive concerns<input type="checkbox"/> Dementia (established diagnosis)<input type="checkbox"/> Dementia-related behaviors<input type="checkbox"/> Polypharmacy/medication review<input type="checkbox"/> Frailty<input type="checkbox"/> Depression<input type="checkbox"/> Capacity Evaluation<input type="checkbox"/> Insomnia<input type="checkbox"/> Advance care planning<input type="checkbox"/> Second opinion<input type="checkbox"/> Falls<input type="checkbox"/> Other — please specify: _____
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Location for referral

<input type="radio"/> Legacy Medical Group—Good Samaritan 2222 N.W. Lovejoy, Suite 315 Legacy Good Samaritan Medical Center Portland, Oregon 97210-5101	<input type="radio"/> Legacy Medical Group—Meridian Park 6485 S.W. Borland Road, Suite F Legacy Meridian Park Medical Center Tualatin, Oregon 97062-9762	<input type="radio"/> Legacy Medical Group—Salmon Creek <i>A department of Legacy Salmon Creek Medical Center</i> 2101 N.E. 139th St., Suite 460 Legacy Salmon Creek Medical Center Vancouver, Washington 98686-2325
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Provider:

Referring Provider/PCP: _____ Phone: _____

Request for: Geriatrician GeriPsych