



Legacy Health Medication Management Services (MMS) Referral Form (ver. 7/2/19)

- Legacy Emanuel Medication Management Services**
501 N Graham Street, Suite 260
Portland, Oregon 97227
Phone: (503) 413-2078 Fax: (503) 413-3907
- Legacy Good Samaritan Medication Management Services**
1040 NW 22nd Ave, Suite 600
Portland, Oregon 97210
Phone: (503) 413-8165 Fax: (503) 413-8166

- Legacy Meridian Park Medication Management Services**
6475 SW Borland Road, Suite F
Tualatin, Oregon 97062
Phone: (503) 692-7794 Fax: (503) 692-7795
- Legacy Mt. Hood Medication Management Services**
24988 SE Stark Street, Suite 320
Gresham, Oregon 97030-3399
Phone: (503) 674-1229 Fax: (503) 674-1169
- Legacy Salmon Creek Medication Management Services**
2121 NE 139th Street, Suite 320
Vancouver, Washington 98686
Phone: (360) 487-1768 Fax: (360) 487-1769

PATIENT NAME	DATE OF BIRTH	PRIMARY PHONE NUMBER	SECONDARY PHONE NUMBER
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REASON FOR REFERRAL TO MEDICATION MANAGEMENT SERVICE - please select the appropriate indication(s):

<input type="checkbox"/> Comprehensive Med Review for Polypharmacy (10 or more medications) <input type="checkbox"/> Hypertension Please specify target BP: _____ <input type="checkbox"/> Anticoagulation (select preferred agent) Direct Oral Anticoagulant (pick one): <input type="checkbox"/> Apixaban <input type="checkbox"/> Dabigatran <input type="checkbox"/> Rivaroxaban Duration of Therapy: <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> Indefinite <input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/> Hepatitis C <input type="checkbox"/> Hyperlipidemia Please specify target LDL: _____ <input type="checkbox"/> Injectable anticoagulant therapy (agent): _____ <input type="checkbox"/> Warfarin management with goal INR (check one): <input type="checkbox"/> 2.0 to 3.0 <input type="checkbox"/> 2.5 to 3.5 <input type="checkbox"/> Other: _____
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PATIENT DIAGNOSIS CODE (Required, please provide all ICD-10 codes that apply): _____

DURATION OF PHARMACIST MANAGEMENT: 1 visit (polypharmacy) To target goal or end of therapy duration Indefinite

Note: Legacy Medication Management Services takes over management of referred indication only after the patient has established care in the clinic. The ordering provider must ensure an interim management plan is in place until patient can be seen by Legacy MMS

Please select one of the following below (for any indication other than polypharmacy):

I authorize Legacy MMS to initiate medication therapy per Legacy Collaborative Drug Therapy Management for the above indication

This patient is currently on therapy and is transferring ongoing management to Legacy MMS

- Current medication regimen for marked referral: _____
- Date next labs due (for warfarin and Hep C management): _____ Date therapy started: _____
- Currently managed by (name & phone #): _____

I authorize the Legacy Medication Management Clinics to provide services as defined in the Legacy Health Collaborative Practice Agreements, Policies and Procedures, including authorization to order prescriptions for oral and injectable medications, and appropriate labs as necessary and pertaining to the patient's therapy under my name. **I understand that as a condition of referral, I must have access to electronic communication in order to maintain adequate oversight of my patient's care in the Legacy Medication Management Clinics.** This order is in effect for 6 months, unless I specify otherwise.

PROVIDER SIGNATURE: _____ **DATE:** _____
 Note: Health provider must have Legacy Medical Staff membership

PRINT PROVIDER NAME: _____ **PHONE#:** _____ **FAX:** _____

Please attach the following records, if not available in the Legacy electronic medical record, with this referral sheet:
 H&P or recent chart note Current medication list Current Labs

The Medication Management Services will contact the patient to schedule an office visit upon receipt of this referral. A Care Plan is sent to the referring provider after the first visit. The provider will review, sign, and send back to the Medication Management Services. Progress notes and documentation are accessible in the Legacy electronic medical record.