

# Legacy Pulmonary Rehabilitation

## Physician Referral Form



### Check one location for your referral

- Legacy Emanuel Medical Center • Phone: 503-413-4353 • Fax: 503-413-4661
- Legacy Good Samaritan Medical Center • Phone: 503-413-6723 • Fax: 503-413-6768
- Legacy Meridian Park Medical Center • Phone: 503-692-2548 • Fax: 503-692-7692
- Legacy Mount Hood Medical Center • Phone: 503-674-1564 • Fax: 503-674-1356
- Legacy Salmon Creek Medical Center • Phone: 360-487-3770 • Fax: 360-487-3779
- Legacy Silverton Medical Center (*COVID patients only*) • Phone: 971-983-5318 • Fax: 503-944-6813

All locations are hospital outpatient departments.

Patient name _____	<input type="radio"/> Male	<input type="radio"/> Female
Phone _____	Date of birth (mm/dd/yyyy) _____	

**Please choose one of the following**

**For patients with COPD as their primary or secondary diagnosis who are stable enough to tolerate rehabilitation in a group setting**

Pulmonary rehabilitation (94625 and 94626)\*  
Diagnosis: COPD stage \_\_\_\_ (Pulmonary rehabilitation is provided for COPD diagnosis only and must have documentation of stage 2 or greater including FEV1/FVC ratio <70 and FEV1 <80%.) Please include documentation with referral.

**For patients with other pulmonary diagnoses**

Pulmonary therapy (PT: 97001, 97530, 97110, 97150; RN: G0237, G0238, G0239)\*  
Specify diagnosis:  Pulmonary fibrosis  PAH  Lung transplant  
 Other (cannot be COPD): \_\_\_\_\_

Protocol for observed hypoxemia: Oxygen may be titrated at 1–4 L/min prn to maintain SpO<sub>2</sub> at or above 90%.

**Post COVID with ongoing symptoms**

Post COVID with persistent pulmonary problems  
Any of the codes above may be used depending on patient's needs and medical necessity.

**Cardiac and pulmonary rehabilitation wellness**

Following Phase II pulmonary therapy/rehab, patients may participate in our medically supervised, self-pay wellness program to continue their cardiovascular fitness and education.

I agree to have my patient participate in Legacy Pulmonary Rehabilitation:

Referring physician _____	Phone _____
Clinic name _____	Fax _____
Physician signature _____	Date _____

Legacy Pulmonary Rehabilitation provides closely monitored, progressive exercise therapy following American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR) guidelines and protocols. We follow ACLS protocol for the onset of chest pain, hypotension, arrhythmias and hypoxemia.

\*Pre-authorization may be required