

Legacy Medical Group— Gastroenterology

Physician Referral Form



**LEGACY
MEDICAL GROUP**

Legacy Medical Group—Gastroenterology

24988 S.E. Stark St., Suite 320

Gresham, OR 97030

Phone: **503-674-20GI (2044)**

Fax: **503-674-1830**

Date _____

Acuity Level of Referral

- Urgent, 24–48 hours Priority, 2–4 weeks
 Immediate, 1–2 weeks Routine, 4–6 weeks

Patient's name _____ DOB _____

Phone _____ Email _____

Primary care physician (PCP) _____ PCP Phone _____

Referring Provider (if different from PCP) _____

Please include all records pertaining to the referral

Referral to (please check one): **Sheeten Doshi, M.D.** **Harald Schoepfner, M.D.** **Gerald Bassett, M.D.**
or **first available**

Please check one: Screening fast access GI service **or** Clinic consultation

Fast access GI service

- Colon cancer screening
- History of polyps
- Family history of colon cancer/polyps
- Hemoccult positive stool
- Barrett's screening
- Long-term GERD symptoms
- ERCP (requires consultation prior unless approved by MD)
- Other (see below)

Clinic consultation

- Abdominal pain
- Abnormal CT scan/ultrasound
- Anemia
- Capsule endoscopy
- Celiac disease
- Colitis
- Constipation
- Diarrhea
- Diarrhea/change in bowel habits
- Elevated liver tests
- Endoscopic ultrasound (EUS)
- Gallbladder disease
- GERD (reflux)
- GI bleeding
- Hepatitis B, C
- Jaundice
- Manometry
- Nausea/vomiting
- Pancreatitis
- Problem swallowing
- Second opinion
- Weight loss

Additional information or comments