

# Legacy Medical Group—Geriatrics

## Physician Referral Form

Fax: 503-413-8011



**LEGACY  
MEDICAL GROUP**

Date \_\_\_\_\_

- Routine**  
 **\*Urgent**

\*If urgent request, please call clinic at 503-413-8018. Additional information required. As a consult clinic we are unable to process “emergent” referrals.

### 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? \_\_\_\_\_

### Referral criteria:

1. We see patients 65 years and older. If under 65, a neurology evaluation is required
2. Include at least 2 years of medical records
3. If referral is for cognitive concern, we request a reliable historian/support person accompany patient
4. A detailed assessment and recommendations will be shared with referring provider/PCP
5. Geriatrics is unable to assume longitudinal care & prescribing, PCP to oversee
6. For patients taking benzodiazepines, Geriatrics can support with tools and alternative medications
7. If you are not patient’s PCP, notify PCP of referral

**8. Missing or incomplete information will lead to delay or denial of referral**

### Required information:

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:  
\_\_\_\_\_

### Reason for referral:

#### Services requested (check all that apply)

- Establishing diagnosis
- Management
- Memory/Cognitive concerns
- Dementia (established diagnosis)
- Dementia-related behaviors
- Polypharmacy/medication review
- Frailty
- Depression
- Capacity Evaluation
- Insomnia
- Advance care planning
- Second opinion
- Falls
- Other — please specify:  
\_\_\_\_\_

### Location for referral

Legacy Medical Group—Good Samaritan  
2222 N.W. Lovejoy, Suite 315  
Legacy Good Samaritan Medical Center  
Portland, Oregon 97210-5101

Legacy Medical Group—Meridian Park  
6485 S.W. Borland Road, Suite F  
Legacy Meridian Park Medical Center  
Tualatin, Oregon 97062-9762

Legacy Medical Group—Salmon Creek  
2101 N.E. 139th St., Suite 460  
Legacy Salmon Creek Medical Center  
Vancouver, Washington 98686-2325

### Provider:

Referring Provider/PCP: \_\_\_\_\_ Phone: \_\_\_\_\_

Request for:  Geriatrician  GeriPsych