

Randall Children's Hospital—Specialty referral

Please complete this form and fax below.

Oregon Locations 503-413-2419

Washington Locations 360-487-1033

Thank you for referring your patient to Randall Children's. Please indicate the specialty to which you are referring.

Routine

Urgent review (Fax then call clinic)

Immediate/Specialty consult

(call for physician to physician consult)

Legacy One Call **1-800-500-9111**

• After consult, submit referral for urgent review

Select children's specialist(s) needed:

- Audiology/Hearing Loss Clinic
503-413-4327 Portland360-487-1719 Vancouver
- Cardiac Surgery503-280-3418
- Child Abuse Response and Evaluation Services.
(see page 2 for referral information)
- Child Development, Behavioral Pediatrics
.....503-413-4505 Portland
.....503-692-1670 Tualatin
.....360-487-1778 Vancouver
- Cleft Palate/Craniofacial Team503-413-4505
- Dermatology503-413-3164
- Diabetes & Endocrine503-413-1600
- Dietary, Nutrition (only).....503-413-4505 Portland
.....360-487-1778 Vancouver
- ENT/Otolaryngology503-413-3690
- Feeding Team503-413-4505
- Gastroenterology503-276-6138
- Genetics/Metabolic503-413-4505
- Hematology/Oncology503-276-9300
- Infectious Disease503-413-3506
- Inpatient Rehabilitation503-413-2738
- Nephrology503-413-3926
- Neurology503-413-3600
- Neuropsychology503-413-4505
- Neurosurgery503-413-3690
- Occupational TherapyPortland 503-413-4505
Camas-SE WA @ LMG Family Wellness 360-487-4679
Tualatin 503-692-1670.....Vancouver 360-487-1778
- Orthopedics.....503-413-4488
- Physiatry/Rehabilitation Medicine ...503-413-4505
- Physical Therapy503-413-4505
Tualatin 503-692-1670.....Vancouver 360-487-1778
- Plastic & Reconstructive Surgery.....503-413- 4300
- Pulmonology503-413-2050
- RCH T (Transgender) Clinic.....503-413-1600
- Rheumatology503-413-3930
- Sleep503-413-3600
- Speech/Language Pathology
Portland 503-413-4505
Camas-SE WA @ LMG-Family Wellness 360-487-4679
Tualatin 503-692-1670.....Vancouver 360-487-1778
- Surgery (General)503-413-4300
- Other: _____

Patient's information

Preferred location for service: _____

Child's Full Name: _____

Alias/Nickname: _____ Gender: _____ DOB _____

Parent/Guardian Name: _____ DOB _____

Street Address: _____

City _____ State _____ Zip Code _____

Home phone _____ Cell phone _____

Work phone _____ Work phone _____

Parent/Guardian email _____

Preferred contact method

Contact choice: Home cell Cell phone Work phone Work email

Primary Language Interpreter needed yes no

Primary Insurance: _____

Guarantor/Policy Holder: _____

Member ID: _____ Group #: _____

Reason for referral/specific questions to be answered

ICD-10 codes: _____

Specific question to be answered/describe clinical presentation/symptoms:

Check here if additional records included. See back for preferred.

Referring provider's information

Name: _____

Clinic/Practice: _____

Practice Address: _____

Phone: _____ Fax: _____

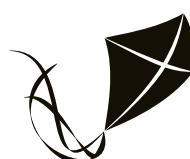
Office Contact: _____

Printed name ordering physician: _____

For any therapy referrals (OT/PT/Speech) referring provider's signature is required:

Referring Provider/PCP Signature _____

Date _____ Time _____



**RANDALL CHILDREN'S
Specialty Care**

A service of Legacy Medical Group

Items checklist

Icons/colors in department banners indicate locations available

- Randall Campus, Portland
- ◆ Meridian Park Campus, Tualatin
- Bend, OR
- * Cornell/West Portland
- Corvallis, OR
- ✚ Salem, OR
- ★ Springfield, OR
- ▲ Camas, SE WA
- ◇ Longview, WA
- Vancouver, WA

Audiology/Hearing Loss Clinic 503-413-4327 Portland 360-487-1719 Vancouver



- Vancouver (Infant Hearing Test; Age 2 & older Sedated & Non-Sedated ABR Only)
- Please note whether child needs audiology 'hearing test' or sedated or non-sedated ABR
- Please note whether child has had newborn screening and if so, did they pass one ear or both
- Please note if the child has had two hearing evaluations and failed both

Cardiac Surgery 503-280-3418



- Recent Medical Records
- Any chest x-rays
- Any EKGs
- Any Echocardiograms

Child Development, Behavioral Pediatrics 503-413-4505 Portland 503-692-1670 Tualatin 360-487-1778 Vancouver



- Recent providers notes related to diagnosis
- Recent developmental screening, noted behaviors, and/or current involvement in therapies/services
- Include information gathered from family and/or teacher
- Patients must be 12 months to 4 years 11 months at the time of referral

Cleft Palate/Craniofacial Multidisciplinary Clinic 503-413-4505



- Head circumference curves for patients being referred for head shape issues
- Any recent studies or workups
- Head circumference measurements

Dermatology 503-413-3164



- Chart notes supporting diagnosis or need for evaluation
- Recent provider notes related to diagnosis

Diabetes & Endocrine 503-413-1600



- Relevant chart notes
- Weight & Growth charts with growth trends
- Relevant labs
- Relevant imaging (Bone Age, Xrays, etc.)

Dietitian 503-413-4505 Portland 360-487-1778 Vancouver



- Weight and growth curves
- Growth charts showing growth trend
- Swallow studies if available
- Lab results related to poor weight gain and/or poor nutrition
- Provide copy of food diary if available.
- Any history of requiring diet/liquid texture modification, calorie supplementation, and/or non-oral supplementation for maintenance of hydration and/or nutritional needs
- Any history of aspiration pneumonia

Ear, Nose, and Throat 503-413-3690



- Recent office visit notes
- Any applicable imaging including dental

Feeding Team 503-413-4505



- Any hx diet and/or liquid texture modification, calorie supplementation, or non-oral supplementation
- Any history of aspiration pneumonia
- Weight and growth charts
- Relevant Labs in association with poor growth or nutrition
- Swallow Study results
- Food diary, if available

Gastroenterology 503-276-6138



- Chart notes within the last year directly pertaining to diagnosis
- Growth charts and curves
- All relevant labs within last year
- All relevant diagnostic imaging and reports

General Surgery & Trauma Follow Up Clinic 503-413-4300



- Relevant imaging
- Recent clinic notes or recent hospital discharge notes
- All surgery notes, ED, physical therapy

Genetics 503-413-4505



- Results of any previous testing including previous genetic testing, x-rays and growth charts
- If referral is for family history of a condition, any records on affected family member if possible
- If family member is a parent, please include a signed ROI to obtain records (including patients diagnosed in utero)
- Down Syndrome—Confirmation of diagnosis: testing results or documentation that patient has Down Syndrome
- All patient records and labs:

Hematology/Oncology 503-276-9300



- All recent lab results
- Imaging results
- Biopsy/pathology reports/surgical reports if applicable
- Recent progress notes to include current medications

Infectious Disease 503-413-3506



- Please have the referring provider contact the clinic for a physician-to-physician consult with our on-call infectious disease provider.
- The provider will guide on next best steps and initiate appointment scheduling as appropriate.

Inpatient Rehabilitation 503-413-2738



Nephrology 503-413-3926



- Relevant chart notes
- Growth charts
- Relevant PCP notes (such as blood pressure measurements for hypertension)
- Relevant specialty notes (such as Urology, Cardiology)
- Relevant previous Nephrology notes
- Relevant labs (such as CBC, chemistry, urine tests)
- Relevant imaging studies (such as echo, renal/abdominal ultrasound, CT, MRI, VCUG, Lasix Renogram)

Neurology 503-413-3600



- Relevant chart notes
- Chart notes supporting diagnosis and/or the need for evaluation

- Duration and severity of issue, past treatments, medications and testing recommended
- Recent diagnostic test results
- Relevant imaging

Neuropsychology 503-413-4505



- Chart notes supporting diagnosis and/or the need for evaluation, duration and severity of issue and past treatments, medications and testing recommended
- Recent diagnostic test results
- Any other relevant information

Neurosurgery 503-413-3690



- Any imaging of brain and/or spine
- Growth charts for macrocephaly and head shape abnormalities
- Any previous surgical notes

Occupational Therapy Portland 503-413-4505 Camas—SE WA @ LMG Family Wellness 360-487-4679

Tualatin 503-692-1670 Vancouver 360-487-1778



- Eval (97165, 97166, 97167)
- Reason for referral
- If patient is or has received occupational therapy services at school or private setting, please provide evaluation, progress, and discharge report

Orthopedics (fax referral to Oregon number for processing) 503-413-4488



- Related imaging reports and Facilities where they were performed (images pushed if possible)
- Any other related notes regarding referred diagnosis, surgery op notes, ED, physical therapy, specialist, etc.

Physiatry/Rehabilitative Medicine Portland 503-413-4505 Tualatin 503-692-1670 Vancouver 360-487-1778



- NICU follow-up, Wheelchair clinics
- Relevant chart notes within the last year
- Specify functional concerns and diagnostic issues
- Related imaging reports

Physical Therapy Portland 503-413-4505 Tualatin 503-692-1670 Vancouver 360-487-1778



- Eval—(97161, 97162, 97163,)
- Reason for referral
- If patient is or has received physical therapy services at school or private setting, please provide evaluation, progress, and discharge report

Plastic & Reconstructive Surgery 503-413- 4300



- Relevant imaging (MRI/CT/US/XRAY)
- Recent clinic visit notes or discharge summary

Pulmonology 503-413-2050



- Relevant chart notes
- Relevant chart notes within the last year
- Chest imaging within the last two years
- All labs within last year
- PFT results
- Sweat chloride test
- Genetic test results

RCH T (Transgender) Clinic 503-413-1600



- Growth charts (including those showing growth trend)
- Relevant labs
- All relevant imaging, including Bone Age X Rays

- Chart notes relating to reason for referral
- Any mental health or behavioral health contacts if relevant
- Clear contact for follow up/questions

Rheumatology 503-413-3930



- Relevant chart notes
- Most recent lab results, if referring for +ANA please include result
- Relevant Imaging reports
- Push images pertaining to referral to Legacy PACS (if available)
- Relevant PCP notes
- Relevant Specialty notes

Sleep 503-413-3600



- Chart notes supporting diagnosis and/or the need for evaluation
- Duration and severity of issue and past treatments, medications and testing recommended
- Recent diagnostic test results
- Any other relevant information
- For **Sleep Lab** to perform sleep study please send signed order from referring provider

Speech Language Pathology (92523) Portland 503-413-4505 Camas—SE WA @ LMG—Family Wellness 360-487-4679

Tualatin 503-692-1670 Vancouver 360-487-1778



- Eval (92523, 96125, 92522, 92524)
- Dysphagia or oromyofunctional eval; (92610)
- MBSS (92611)
- Aug Com Eval (92607) (1st hour) 92608 (+ ½ hour)
- Reason for referral
- If patient is or has received speech language pathology services at school or private setting, please provide evaluation, progress, and discharge report

Weight Management/Obesity 503-413-1600



- Relevant chart notes
- Recent labs (A1C, CMP, TSH, Free T4, Fasting Lipid Panel),
- Growth Charts

Child Abuse Response and Evaluation Services

Limited to specific locations

Oregon: Multnomah, Washington counties

CARES Northwest Phone 503-276-9000

- Any child with a visible injury concerning for abuse is considered urgent, please call immediately.
- Any child with a concern for an acute sexual assault is considered urgent, please call immediately.
- Please include most recent visit note and labs or images specific to concern, and if you have already made a mandatory report to either law enforcement or child protective services.
- Oregon Child Abuse Hotline 1-855-503-SAFE (7233)

SW Washington: Clark, Cowlitz, Klickitat, Skamania, Wahkiakum counties

Salmon Creek Child Abuse Assessment Team (CAAT)

- Requires Mandatory Reporting and faxed CAAT Referral Form (Not Central Referral Form)
- CAAT Referral Form available <https://www.legacyhealth.org/children/health-services/child-abuse>
- Use CAAT Fax Number 360-487-1779 (*not Central Fax #*)
- CAAT Intake Line if questions: 360-487-1793