## **Legacy Pulmonary Rehabilitation**

## **Physician Referral Form**



Check one location for your referral  Clegacy Legacy Emanuel Medical Center • Phone: 503-413-4353 • Fax: 503-413-4661  Clegacy Good Samaritan Medical Center • Phone: 503-413-6723 • Fax: 503-413-6768  Clegacy Meridian Park Medical Center • Phone: 503-692-2548 • Fax: 503-692-7692  Clegacy Mount Hood Medical Center • Phone: 503-674-1564 • Fax: 503-674-1356			
		O Legacy Salmon Creek Medical Center • Phone: 30	60-487-3770 • Fax: 360-487-3779
		Patient name	○ Male ○ Female
		Phone	Date of birth (mm/dd/yyyy)
		Please choose one of the following	
_	dary diagnosis who are stable enough to tolerate rehabilitation		
in a group setting	any anagmosis amo are stable enough to tolerate remainmenton		
☐ Pulmonary rehabilitation (G0424)*			
,	tion is provided for COPD diagnosis only and must have documenta- <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):			
	rated at 1–4 L/min prn to maintain SpO <sub>2</sub> at or above 90%.		
<b>Cardiac and pulmonary rehabilitation wellness</b> Following Phase II pulmonary therapy/rehab, patients program to continue their cardiovascular fitness and e	s may participate in our medically supervised, self-pay wellness education.		
I agree to have my patient participate in Legacy Pulm	onary Rehabilitation:		
Referring physician	Clinic name		
Phone	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.