Randall Children's Orthopedics

Physician Referral Form

RANDALL CHILDREN'S Specialty Care

A service of Legacy Medical Group

Clinic hours: Monday–Friday, 8 a.m.–5 p.m.
Phone: **503-413-4488**
Fax: **503-413-1812**

After hours, call **Legacy One Call Consult & Transfer: 1-800-500-9111** to speak to the on-call orthopedic surgeon.

Legacy Emanuel Medical Center
Legacy Orthopedic Building
450 N. Graham St.
Portland, OR 97227

Legacy Medical Group–Cornell
Cornell Medical Plaza
1960 N.W. 167th Place, Suite 200
Beaverton, OR 97006

Patient information

Last name _____ Legal first name _____ M.I. ____

Address _____

City _____ State _____ Zip _____

Sex: ○ Male ○ Female Date of birth (mm/dd/yyyy)_____

Parent/guardian_____

Primary phone (home/cell/work) _____ Secondary phone (home/cell/work) _____

Interpreter needed? ○ Yes ○ No If yes, language _____

Reason for referral (check boxes)

☐ Fracture ☐ Scoliosis ☐ Hip Dysplasia
☐ Congenital hand deformity ☐ Club foot ☐ Sports-related injury
☐ Other_____

Please provide details of the patient's medical issue

_____

Have X-rays been taken for this diagnosis? ○ Yes ○ No Date _____

Facility where X-rays were taken _____

Preferred Randall Children's provider (optional):_____

Insurance information

Insurance name_____

Group/I.D. number _____ Authorization number _____

Referring provider information

Name_____ Clinic _____

City _____ State_____ Phone_____

Fax_____ Email _____

Office contact _____

Primary care provider (if different from referring) _____