

# Legacy Pulmonary Rehabilitation

## Physician Referral Form



### Check one location for your referral

- Legacy Good Samaritan Medical Center • Phone: 503-413-6723 • Fax: 503-413-6768
- Legacy Meridian Park Medical Center • Phone: 503-692-2548 • Fax: 503-692-7692
- Legacy Mount Hood Medical Center • Phone: 503-674-1590 • Fax: 503-674-1356
- Legacy Salmon Creek Medical Center • Phone: 360-487-3770 • Fax: 360-487-3779

Patient name \_\_\_\_\_  Male  Female

Phone \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_

### Please choose one of the following

#### For patients with COPD as their primary or secondary diagnosis who are stable enough to tolerate rehabilitation in a group setting

Pulmonary Rehabilitation (G0424)\*

Diagnosis: COPD stage \_\_\_\_ (Pulmonary rehabilitation is provided for COPD diagnosis only and must have documentation of stage 2 or greater including FVC/FEV1 ratio <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): \_\_\_\_\_

Protocol for observed hypoxemia: Oxygen may be titrated at 1–4 L/min prn to maintain SpO<sub>2</sub> at or above 90%.

### Cardiac and Pulmonary Rehabilitation Wellness

Following Phase II pulmonary therapy/rehab, patients may participate in our medically supervised, self-pay wellness program to continue their cardiovascular fitness and education.

I agree to have my patient participate in the Legacy Pulmonary Rehabilitation Program:

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, hypoxemia.

*\*Pre-authorization may be required*