

Date: _____ Attn: _____



Pulmonary & Critical Care Referral Checklist

Thank you for referring to the Pulmonary and Critical Care Clinic at OHSU. This form is to be completed and returned with the required documentation. We will contact the patient to schedule an appointment. If you have any questions please contact us at (503) 494-1620.

Patient's Name: _____ Patient's DOB: _____ Patient's Phone #: _____

Referring Clinic: _____ Clinic Phone #: _____ Clinic Fax #: _____

Referring Provider: _____ Reason for referral: _____ Dx Code: _____

Primary Care Provider: _____ Referral Urgency: Urgent Routine

Primary Insurance: _____ Secondary Insurance: _____

Member #: _____ Member #: _____

Authorization # for referral to specialty clinic (if applicable): _____

Referral Documentation:

We **NEED ALL** of the following documentation **BEFORE YOUR PATIENT WILL BE SCHEDULED.**

Please check off each item that is included in your referral.

- ___ Letter from the physician with clear indication of reason for referral
- ___ Patient Demographics
- ___ Medical history
- ___ List of current medications
- ___ Most recent chart notes

Imaging:

We need **BOTH** reports & imaging **BEFORE YOUR PATIENT WILL BE SCHEDULED.**

If possible please push the images to OHSU via the PACS system. If not, please mail them to us on CD.

Date films were mailed: _____

Chest X-ray Dates: _____ **Chest CT** Dates: _____

If your facility **DOES NOT** have these images on file:

Facility where imaging was done: _____

Phone #: _____ Fax #: _____

Study/Test Results:

Please provide us with your patient's most recent test results.

- ___ Most recent labs Date: _____
- ___ Echocardiogram Date: _____
- ___ Pulmonary function testing Date: _____
- ___ Cardiac cath report Date: _____
- ___ Biopsy & thoracic surgery reports Date: _____
- ___ Sputum & bronchoscopy studies Date: _____

Please mail or fax your referral to:

Pulmonary & Critical Care Clinic
3181 SW Sam Jackson Park Rd UHN67
Portland, OR 97239
Phone: (503) 494-1620
Fax: (503) 494-6465