

Oregon Health & Science University

3181 SW Sam Jackson Park Road
Portland, OR 97239-3098
Tel: 503 494-4567
Toll Free: 800 245-6478
Fax: 503 346-6854

Thank you for referring your patient to Oregon Health & Science University.

Please indicate the specialty to which you are referring your patient:

- Allergy and Immunology
- Arthritis and Rheumatology*
- Bariatric Surgery
- Cardiology
- Cardiothoracic Surgery
- Casey Eye Institute
Specialty: _____
- Dermatology
- Digestive Health (GI, Hepatology, GI Surgery)
- Endocrinology*
- Family Medicine
- General Surgery
- Genetic Medicine
- Hematology & Medical Oncology
 - Marquam Hill
 - Beaverton
 - Gresham
 - NW Portland
 - East Portland
 - Tualatin
- Infectious Disease*
- Internal Medicine
- Interventional Radiology
- Nephrology and Hypertension
- Neurology*
- Neurosurgery
- OB/GYN
- Ophthalmology
- Oral Surgery and Maxillofacial Surgery
- Orthopaedics
- Otolaryngology
- Pain Center*
- Pediatrics
- Perinatology
- Plastic and Reconstructive Surgery
- Psychiatry
- Pulmonary Care*
- Radiation Medicine
- Rehabilitation Services
- Sleep and Mood Disorders
- Spine Center
- Sports Medicine
- Surgical Oncology
- Transplant
- Trauma
- Urologic Surgery
- Vascular Surgery
- Other _____

* See reverse side for special instructions and information

- Specific physician _____
- For Radiology, Lab or Echo referral, download Physician Order Form – Imaging Services at www.ohsuhealth.com/provider

Consultation Request to OHSU

Please provide the following so we can schedule an appointment:

- Pertinent medical records
- Demographic sheet
- Insurance authorization (if required)

Fax this form and pertinent medical records to 503 346-6854.
Or, call in your referral to 503 494-4567 or 800 245-6478.

Patient Information

Patient Name: _____ M F

City, State: _____ Date of Birth: ____/____/____

Parent/Guardian: _____

(Please check preferred contact phone number:)

Home _____ Cell _____ Work _____

Interpreter needed? Yes No If yes, Language: _____

Primary Care Provider (if different from referring): _____

This visit is ... (mark one):

- Routine: Within 30 days
- Semi-Urgent*: Within 2 weeks
- Urgent*: Less than 48 hours (For urgent appointments, please call us at **503 494-4567** or **800 245-6478**)

I am requesting: consult only ongoing care referral requested by my patient

Patient's Medical Issue:

ICD-9 code: _____

Please tell us what specific medical issue to address at this visit:

Information Check Off List: Please attach (where applicable)

- Progress Notes
- Labs
- Imaging, X-rays, MRIs, CT Scans
- Medication List, Allergies
- Previous work up for these symptoms
- Pathology
- OB/GYN
- Other _____

Referring Provider Information

Name: _____ Clinic: _____

City, State: _____ Phone No.: _____

Fax: _____ E-mail: _____

Office Contact: _____

To **call** in your referral:
503 494-4567
or **800 245-6478.**



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Special Instructions and Information

Harold Schnitzer Diabetes Health Center • Adult Endocrinology and Clinical Nutrition

- Indicate specialty: General Endocrinology Bone & Mineral Lipid Adult Diabetes Pediatric Diabetes
- Attach recent lab values specific to Endocrinology/Diabetes/Lipid consult: (e.g. thyroid panels, lipid panels, glucose, HgA1C, Vitamin D)
- Attach imaging studies and other reports (e.g. DEXA, CT and Ultrasound)
- Pediatric: Growth Charts

Fibromyalgia – Division of Arthritis & Rheumatic Diseases

Please fax the following lab tests with medical records prior to scheduling to 503 494-1133:

- CBC with Differential Sedimentation Rate Insulin Like Growth Factor-1 (IGF-1) Chemistry Panel Vitamin D, 25 Hydroxy
- Hepatitis C Antibody Thyroid Stimulating Hormone (TSH)

• Is pre-authorization required for PT and OT? (Please note: therapy services often require pre-auth, even if specialty visit does not) yes no

If yes, please provide authorization number: _____

Infectious Disease Clinic

NOTE: If the reason for referral involves one of the following conditions, please contact the appropriate clinic below:

- HIV – Internal Medicine HIV Clinic, contact 503 494-8562 for referral information/scheduling
- Hepatitis – Hepatology Clinic, contact 503 494-4373 for referral information/scheduling

THIS SECTION MUST BE COMPLETED IF REFERRAL IS FOR CHRONIC FATIGUE SYNDROME, POTS, EBV OR LYME DISEASE

- Is this patient currently on disability for this condition? yes no If yes, is their claim currently up for renewal? yes no
- Is this patient seeking to obtain disability? yes no If yes, is there a claim renewal in progress? yes no

We will provide the PCP with chart notes and diagnostic reports resulting from our examination and any treatment of your patient, however, we do NOT complete disability paperwork.

Neurology

- Indicate specialty: Comprehensive (General) Aging & Alzheimer's Multiple Sclerosis Stroke Epilepsy
- Neuromuscular/ALS Movement Disorders/Parkinson's
- Biopsy Deep Brain Stimulation

- MVAs, Worker's Compensation, IMEs and Third Party Litigation referrals are typically not seen in the Comprehensive Neurology Clinic at OHSU
- Disability determinations are not seen or diagnosed in the Comprehensive Neurology Clinic
- Neurology does not provide Neuropsychological testing
- Neurology does not offer a chronic neurological pain management program
- If previously seen by a neurologist, must provide records

Pain Center

- Regardless of code pairing, Medicaid OHP/CareOregon/DMAP referrals require prior authorization for pain management.
- Pain clinic evaluation and treatment is specifically excluded from coverage according to Oregon Administrative Rule 410-120-1200.

Pulmonary Clinic

Please provide the following if they have been done:

- Chest X-ray report [actual imaging studies (hard copies or CD in DICOM format only) mailed to OHSU Pulmonary Clinic, Mail Code UHN-67, 3181 Sam Jackson Park Rd, Portland, OR 97239]
- Chest CT report [actual imaging studies (hard copies or CD in DICOM format only) mailed to OHSU Pulmonary Clinic, Mail Code UHN-67, 3181 Sam Jackson Park Rd, Portland, OR 97239]
- Most recent labs Echocardiogram PFTs Cardiac Catheterization report Biopsy report Any other pertinent records



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