

Referral Guidelines and Process

1. Patient is a member of CareOregon Advantage (COA Plus) or OHP Plus - Health Share/
CareOregon, living in Clackamas, Multnomah or Washington Counties, and has a life limiting medical condition.
2. If uncertain of eligibility or you have palliative care questions, please call 971-202-5504
3. Fax referral form to CareOregon at 503-416-1323. Attn: Palliative Care Intake

Member Information

Member Name: _____ DOB: ____/____/____ ID#: _____
Phone Number: _____ or _____ County: Clackamas / Multnomah / Washington
Member Address: _____

Referral Information

Reason for Referral: _____

Have you personally discussed this referral with the member or significant other? Yes No

Primary Diagnosis: _____

Is the member aware of their diagnosis and prognosis? Yes No

Co-existing disease or complications: _____

Psychosocial concerns: _____

PCP Name: _____ Phone # _____ PCP is aware of the referral? Yes No

Specialist: _____ Phone # _____ Specialist is aware of referral? Yes No

Referral Contact Information

Name of Person Completing Form: _____ Date: ____/____/____

Phone #: _____ Best time to contact you: _____

Referral From: Clinic Hospital CareOregon PHP Program Other: _____

When possible include the following information with referral:

- Recent clinician chart/case notes
- Admission H&P/Discharge summary from recent hospitalization
- Current Medication List
- Current Advanced Directive/POLST