

## Referral Guidelines and Process

1. Patient is a member of CareOregon Advantage (COA Plus or COA Star) 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