REFERRAL FORM for Disease Education and Management

Member Name: _____ DOB: ____ /_____ / _____ VIVA *Me* Member ID: _____

Member Contact # _____ Date of Care 4 Me Referral: ___ / ____ / _____

Please check the appropriate boxes indicating reason(s) for patient referral:

MEDICAL CONDITIONS/MEDICAL ENCOUNTERS	☑
• **A-Fib: ≥ 1 related hospitalization** within 6 months	
• **Asthma:** ≥1 ED presentation, or uncontrolled per physician	
• **CHF: ≥1 related hospitalization** within 6 months, or uncontrolled per physician	
• **COPD: ≥1 related hospitalization** within 6 months, or uncontrolled per physician	
• **Diabetes: ≥1 related hospitalization** within 6 months or **new DM/poor control**, per physician	
• **ED Visits:** ≥ 2 non-related ED presentations in 6 months	
• **Follow-up Risk:** per physician	
• **HTN: ≥1 related hospitalization**, or uncontrolled per physician	
• **Hyperlipidemia:** referred per physician	
• **Readmission:** ≥2 hospital admissions in 6 months ± medication non-adherence	
• **Stroke:** history of non-compliance related to amenable causes, i.e. knowledge, new CVA	

	MEDICATION MANAGEMENT / SOCIAL NEEDS/FALLS
Medications	**Changes in the medication regimen involving the following**: • Insulin: _____Oral Hypoglycemics:_____, Insulin Pump: _____ • High Risk Medication Use: warfarin_____, digoxin_____ , antidepressants: _____ • Polypharmacy (≥6 or 8 meds): _____ Non Compliance:_____ • Ventilator/Trilogy Vent or Bipap/CPAP dependent: _____ • Other (Specify): _____
Social	• Transportation difficulty: ____ Other___ Specify _____
Fall Risk	• History of Fall (when?): _____ • At risk for fall (why?)

BEHAVIORAL HEALTH REFERRAL

Frequent ER Visits Yes_____ No____ **Frequent Readmit Yes ___ No____**

Mental Health Diagnosis	**_____ _____ _____**
Substance abuse	**ETOH _____ Other _____**
Care Coordination	**Psychiatry FU _____ Detox Program _____**

Referral Orders: _____
_____
_____

Signature: _____
Print Name: _____ **Office Phone Number**: _____

PLEASE FAX COMPLETED FORM TO THE Care 4 *Me* Navigation Center @ 205 783 7473