

## Physician Referral Fax Form

Connections<sup>SM</sup> Health Management Program Health Coaches are available 24 hours a day, 365 days a year, to provide education and support to your patients who have chronic conditions or need education on any health care topic.

### Patient Information

Patient name \_\_\_\_\_ Gender \_\_\_\_\_ Member ID # \_\_\_\_\_  
 Patient address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Phone—day \_\_\_\_\_ Phone—evening \_\_\_\_\_  
 Preferred day and time to call \_\_\_\_\_

### Reason for referral

#### Condition

- asthma
- COPD
- coronary heart disease
- diabetes
- GERD
- heart failure
- hypertension
- migraine
- PUD

#### Type of support

- adherence to treatment plan
- education
- medication persistence
- behavioral health
- nutrition/lifestyle changes
- treatment options (including Shared Decision-Making<sup>®</sup> videos/DVDs where available)
- understanding symptom response plans
- additional instructions:  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Decision-support topics

- atrial fibrillation
- back pain (herniated disc, spinal stenosis)
- breast cancer
- chronic kidney disease
- chronic pain
- colorectal screening
- coronary angioplasty or bypass surgery
- coronary heart disease screening
- depression
- end-of-life decisions
- fall prevention
- gynecological conditions
- menopause
- metabolic syndrome
- osteoarthritis (e.g., knee, hip)
- prostate condition
- PSA testing
- uterine conditions
- weight loss surgery/obesity
- other:  
 \_\_\_\_\_  
 \_\_\_\_\_

### Referring physician

Physician last name \_\_\_\_\_ Physician first name \_\_\_\_\_  
 Physician address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ AmeriHealth provider # \_\_\_\_\_  
 Date of referral \_\_\_\_\_ Name of person completing form \_\_\_\_\_ Fax \_\_\_\_\_

To refer a patient for health coaching, please complete this form and fax it to the Connections Health Management Program at **1-800-276-3075**.