



ConnectionsSM Health Management Program Physician Referral Form

ConnectionsSM 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 are facing decisions about a significant medical condition. **To refer a patient for Health Coaching, please complete this form and FAX it to the ConnectionsSM Health Management Program at (800) 276-3075.**

Referring Physician

Important: If you would like to receive a report about your patient's enrollment in Health Coaching, this section must be filled out completely.

Physician First Name: _____ Physician Last Name: _____ Phone Number: (____) _____

Address: _____

City: _____ State: _____ Zip: _____ IBC Provider Number: _____

Date of Referral: _____ Name of person completing form: _____ Fax Number: (____) _____

Patient Information

Patient First Name: _____ Patient Last Name: _____

Patient Social Security Number: _____ Patient Date of Birth: _____

Preferred Day and Time to Call: _____

Phone - Day: _____ Phone - Evening: _____

Reason for Referral

Significant Medical Decision Support

- Back Pain
- Depression
- Herniated Disc
- Spinal Stenosis
- PSA Testing
- Prostate Cancer

- Breast Cancer
- Benign Uterine Condition
- Coronary Artery Disease
- Osteoarthritis Knee/Hip
- Weight Loss Surgery
- Other: _____

Chronic Condition Support

- CAD
- CHF
- Asthma
- COPD
- Diabetes

General Health Information and Support - Specifics: _____

Medication Adherence Issues - Specific medication(s): _____

Treatment Plan Adherence Issues - Specific treatment plan and issue: _____

Comments

