

## 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 \_\_\_\_\_ IBC 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**.

Shared Decision-Making<sup>®</sup> is a registered trademark of the Foundation for Informed Medical Decision Making. Used with permission.

<sup>®</sup>The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield – independent licensees of the Blue Cross and Blue Shield Association.

 Health Dialog, an independent company, 2009-2010.  
All rights reserved.  
MDRF2-FRM-IBC-rev4