

FIHN Care Management Referral

** Please only make referrals for Medicare and the FMH Employee Health Plan at this time**

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|---------------------------------------------------|-------------------------------------|
| Date: | Referring MD: |
| <input type="checkbox"/> Medicare | MD Preferred Contact Phone Number#: |
| <input type="checkbox"/> FMH Employee Health Plan | |

Patient Demographics:

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|----------------|--|
| Name: | |
| Date of Birth: | |
| Phone Number: | |

Reason for referral:

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|-------------------------------------------------------------------|
| <input type="checkbox"/> Emergency Room High Utilizer |
| <input type="checkbox"/> Hospital readmission/frequent admissions |

Services that may benefit this patient/family:

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|--------------------------------------------------------------------------|
| <input type="checkbox"/> Chronic Disease Management: education, support: |
| <input type="checkbox"/> Heart Failure |
| <input type="checkbox"/> COPD/Asthma/Pulmonary |
| <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Other |

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| <input type="checkbox"/> Medication Management Concerns |
| <input type="checkbox"/> Nutritional assessment, dietary education |
| <input type="checkbox"/> Social Work/Support/Community resource needs |
| <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Needs assistance with Navigation, scheduling of appointments, tests, treatments |
| <input type="checkbox"/> Advance Directive/Advance Care Planning |
| <input type="checkbox"/> Substance Abuse/Addiction concerns |

Additional Information/Concerns:

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Would you like the Care Manager to communicate with you via:

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| <input type="checkbox"/> Phone |
| <input type="checkbox"/> Fax |

Please provide a contact in your office for any questions and or follow up to the care managers interventions

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|------------------------------|--|
| Name: | |
| Contact Phone Number: | |
| Fax Number: | |
| Alternate Contact at office: | |
| Contact Phone Number: | |

Care Manager: Angela Mills 240-446-3066