



PHYSICIAN PARTNERS

2701 Cambridge Court, Ste. 200, Auburn Hills, MI 48326-2563

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CARE MANAGEMENT REFERRAL

* indicates required fields, if applicable

* Referring Source & Contact Information: <input type="checkbox"/> Primary Care Provider _____ <input type="checkbox"/> Hospital _____ <input type="checkbox"/> Patient / Family _____ <input type="checkbox"/> Other _____		* Primary Care Physician & Contact Info:	
* Patient Name:		* Date of Birth:	* Gender: <input type="checkbox"/> M <input type="checkbox"/> F
* Patient's Preferred Contact Number:	* Address:		
<i>Emergency Contact Name:</i> _____		<i>Phone Number:</i> _____	
* Payor:	<input type="checkbox"/> Medicare FFS	<input type="checkbox"/> Medicare Advantage	<input type="checkbox"/> Other: _____

REASON FOR REFFERAL

* Complex Care Management <input type="checkbox"/> Chronic conditions – Education <input type="checkbox"/> Tele Care Coordination <input type="checkbox"/> Preventable Screening – Education <input type="checkbox"/> Advanced Care Planning – Education / Support <input type="checkbox"/> Social Determinants of Health – Community Resources
* Patient Aware of Care Management Referral: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note:</i> _____

DIAGNOSIS / FOCUS PROBLEM(S)

* <u>Primary Diagnosis</u>		<u>Social Determinants</u>
<input type="checkbox"/> AMI	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Disability
<input type="checkbox"/> Asthma / COPD	<input type="checkbox"/> Medication Management	<input type="checkbox"/> Education
<input type="checkbox"/> CHF	<input type="checkbox"/> Mental / Behavioral Health	<input type="checkbox"/> Employment / Job Security
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Obesity / Weight Management	<input type="checkbox"/> Food
<input type="checkbox"/> Dementia	<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Housing
<input type="checkbox"/> Falls / Safety	<input type="checkbox"/> Renal Disease	<input type="checkbox"/> Transportation
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Social Isolation

Additional Information / Notes:
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