

Member information

Full name: _____

Date of birth: _____

Phone: _____

Primary language: _____

Interpreter required Yes No

MRN: _____

Health plan: _____

Referring provider

Full name: _____

Phone: _____

Date of referral: _____

Priority Urgent Routine

Is patient aware of referral to Case Management? Yes No

Referral Source

Originator of referral

- PCP/Specialist
- Member/Caregiver
- Ancillary Provider
- Discharge planner/facility
- Internal Reporting
- Internal Brown & Toland Department
- Health Plan
- Other _____

Reasons for referral (check all that apply)

- | | |
|---------------------------------|------------------------------|
| Acute event | CAD |
| Cancer | CHF |
| Chronic pain | COPD |
| Dementia | Diabetes |
| Frequent admissions/ ER visits | Hospice/End of life planning |
| Multiple comorbidities (HCC) | Other _____ |
| Alcohol/Substance abuse | Behavioral health linkage |
| Financial issues | Meal assistance programs |
| Resources | Transportation resources |
| Bubble packing assistance | High risk medication (BEERS) |
| Medication adherence | Medication cost concerns |
| Medication education | Polypharmacy |
| Comprehensive medication review | |

Additional comments

PLEASE send completed referral and any supporting materials to:
 Brown & Toland Physicians Care Management Team
 Fax 415.972.4498 or email cmreferrals@btmg.com

For questions, please call 415.972.4544.