

BEHAVIORAL HEALTH ONLY: FAX DIRECTLY TO PQH AT (808) 943-8732

HMSA PATIENTS: FAX TO HMSA AT (808) 948-8242

CARE REFERRAL FORM

| Provider Information | | |
|---|-----------------|--|
| Provider Name | Date | |
| Office Point of Contact | Phone Number | Fax Number |
| Patient Information | | |
| First Name | Last Name | Date Of Birth (MM/DD/YYYY) |
| Phone Number / Mobile Number | Mailing Address | <i>POA: If applicable, also fax a copy of the Authorized Representative document.</i> |
| HMSA Line of Business (LOB) <input type="checkbox"/> Commercial <input type="checkbox"/> QUEST (ID# _____) <input type="checkbox"/> Akamai Advantage <input type="checkbox"/> Medicare FFS <input type="checkbox"/> Non-HMSA (Insurer: _____) | | Language Spoken In Household Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Service Requested | | |
| <input type="checkbox"/> Complex Case Management <input type="checkbox"/> Disease Management <input type="checkbox"/> Patient notified about and agreeable to care management referral. <input type="checkbox"/> Health Coaching (<input type="radio"/> Physical Activity / <input type="radio"/> Nutrition / <input type="radio"/> Tobacco Cessation/ <input type="radio"/> Stress Mgmt / <input type="radio"/> Other _____) <input type="checkbox"/> Behavioral Health offered for ALL INSURANCE PLANS. (Mental Health Issues) | | |
| *REQUIRED: PRIMARY CARE PROVIDER'S PRIMARY CONCERN (PLEASE INCLUDE PERTINENT MEDS AND PROGRESS NOTES) | | |
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PATIENT PLAN OF CARE

| Care Manager / Health Coach Information | | | | |
|--|--------------|------------|---|--|
| Name | Phone Number | Fax Number | Date | <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up |
| Problem(s) And Goal(s): | | | | |
| | | | | |
| Patient Progress: | | | | |
| | | | | |
| Action Taken: | | | | |
| | | | | |
| Recommendation And Follow-Up | | | | |
| HMSA Clinician's Request And Recommendation: | | | Provider's Response And Recommendation: | |
| | | | | |

Notes:

1. Send further follow-up reports if there are significant changes.
2. For more information and a more detailed report, contact the care manager/health coach.