TMIN Care Management & Pharmacy Referral Form

For use by NON-Epic Practices only

Fax completed form & visit summary to: 978.934.8586

Resource Bank Phone: 978-446-2712; Email: PHO.ResourceBank@TuftsMedicine.org

Date of Referral: _____

Patient Name:	**DOB:**	**Age:**

Address: _____ _____	**Phone Number(s):** _____ _____ **Guardian/Parent Contact (if under 18):** _____ _____

PCP:	**Practice:**
Referring Contact Name:	**Email/Phone:**

Insurance:

Please indicate reason for referral from options below. Include the last visit summary with this completed referral form upon submission.

Social Determinants of Health (*select all that apply*):

- ☐ Housing
- ☐ Food Insecurity
- ☐ Assistance with utilities
- ☐ Employment
- ☐ Education resources
- ☐ Safety concerns
- ☐ Transportation

NOTE: *For MassHealth/Medicaid ACO beneficiaries: if medical transportation is needed, please complete a PT-1 form at the practice level.*

Other Important Information:

Behavioral Health:

- ☐ Referral for assistance with establishing care with a psych prescriber
- ☐ Referral for assistance with establishing care with a behavioral health therapist or counselor
- ☐ Referral for assistance with addressing substance use/abuse
- ☐ Referral for social worker, please describe:

Referral for Pharmacist (*select all that apply*):

- ☐ Patient outreach with medication reconciliation/ education
- ☐ Drug information question
- ☐ Chronic disease **medication** management/education (e.g. DM, HTN, CHF, COPD, etc)

NOTE: This form is not to be used for prior authorizations

Other Important Information:

Referral for Nurse Care Management:

- ☐ Referral for frequent utilization clinical review (5+ admissions)

Chronic Disease Management (*select all that apply*):

- ☐ CHF
- ☐ Diabetes
- ☐ COPD
- ☐ CKD Stage III
- ☐ Hypertension

Last HbA1c DOS & Value: _____

Last BP DOS & Value: _____

Remember to file a protective services report if you suspect abuse or neglect and you are a mandated reporter prior to referring any patients.

Check to confirm last visit summary is attached/submitted with referral

Check to confirm patient is agreeable and aware of referral