

Highmark Provider Referral Form
Case and Disease Management, Wellness Coaching
 Fax to 1-888-344-3455

Referral Date		Provider Contact	
Member Name		Provider Contact Phone #	
Member UMI		Caregiver/POA Name	
Member Phone Number		Caregiver/POA Phone #	
Member Date of Birth			
Resource Needs (please check all that apply)			
<input type="checkbox"/> Case Management <input type="checkbox"/> Disease Management <input type="checkbox"/> Social Work <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Pharmacy <input type="checkbox"/> Wellness			
Reason (please check)		Reason (please check)	
<u>Complex Disease</u>		<u>Lifestyle Modification</u>	
<input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> COPD <input type="checkbox"/> Cancer <input type="checkbox"/> Diabetes <input type="checkbox"/> CHF <input type="checkbox"/> Other <input type="checkbox"/> CAD Comments:		<input type="checkbox"/> Nutrition <input type="checkbox"/> Weight Loss <input type="checkbox"/> Physical Activity <input type="checkbox"/> Stress Management <input type="checkbox"/> Smoking Cessation <input type="checkbox"/> Sleep Comments:	
<u>Chronic Condition</u>		<u>Mental Health</u>	
<input type="checkbox"/> Needs Education <input type="checkbox"/> New Diagnosis Comments:		<input type="checkbox"/> Depression <input type="checkbox"/> Drug/ETOH use Comments:	
<u>Medications</u>		<u>Social</u>	
<input type="checkbox"/> Adherence <input type="checkbox"/> Polypharmacy <input type="checkbox"/> Specialty Pharmacy <input type="checkbox"/> Cost/Alternatives Comments:		<input type="checkbox"/> Caregiver Support/ Resources <input type="checkbox"/> Functional Decline <input type="checkbox"/> Cognitive Function <input type="checkbox"/> Home Safety <input type="checkbox"/> Community Resources <input type="checkbox"/> Transportation <input type="checkbox"/> Financial Comments:	

Gaps in Care/Utilization

- Care Transitions
- Frequent ER use
- Readmissions/Risk For

Comments:

Other

- Outreach from the member's assigned case/disease manager

Comments: