

McLaren Physician Partners and McLaren High Performance Network Care Coordination Referral

<u>Name & DOB:</u>		<u>Address:</u>
<u>Preferred Contact Number:</u>	<u>Emergency Contact & phone number:</u>	<u>Payor (circle one):</u> <ul style="list-style-type: none"> • Medicare FFS • Medicare Advantage
<u>Primary Care Provider:</u>	<u>PCP's preferred Contact/Time:</u>	<u>Notes:</u>

Reason for Referral

<p style="text-align: center;"><u>Transitions</u></p> <ul style="list-style-type: none"> • Hospitalization • Emergency Visit – High Utilization • Skilled Nursing Facility/Subacute Rehab • Home Health Care 	<p style="text-align: center;"><u>Complex Care Management</u></p> <ul style="list-style-type: none"> • One or more Chronic conditions -Education • Preventable Screenings - Education • Advanced Care Planning - Education/Support • Social Determinants of Health
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Diagnosis/Focus Problem

<u>Diagnoses</u>	<u>Social Determinants</u>
Asthma	Disability
CHF	Education
COPD	Employment
Diabetes	Food
Dementia	Job Security
Falls/Safety	Housing
Hypertension	Transportation
Mental Health/Behavioral Health	Social Isolation
Obesity/Weight Management	Other
Medication Management	

Notes:

Please send referral by fax to: 248-484-4999