McLaren
PHYSICIAN PARTNERS
2701 Cambridge Court, Ste. 200, Auburn Hills, MI 48326-2563
Office: (844) 368-1817 | Fax: (810) 600-7924

CARE MANAGEMENT REFERRAL

indicates required fields, if applicable

★ Referring Source & Contact Information: ☐ Primary Care Provider _____ ☐ Hospital _____ ☐ Patient / Family_____ ☐ Other_____	★ Primary Care Physician & Contact Info:

★ Patient Name:	★ Date of Birth:	★ Gender: ☐ M ☐ F
★ Patient's Preferred Contact Number:	★ Address:	

Emergency Contact Name: _____ *Phone Number*: _____

★ Payor: ☐ Medicare FFS ☐ Medicare Advantage ☐ Other: _____

REASON FOR REFFERAL

★ Complex Care Management

☐ Chronic conditions – Education ☐ Tele Care Coordination ☐ Preventable Screening – Education

☐ Advanced Care Planning – Education / Support ☐ Social Determinants of Health – Community Resources

★ Patient Aware of Care Management Referral: ☐ Yes ☐ No

*Note:*_____

DIAGNOSIS / FOCUS PROBLEM(S)

★ Primary Diagnosis		Social Determinants
☐ AMI	☐ Hypertension	☐ Disability
☐ Asthma / COPD	☐ Medication Management	☐ Education
☐ CHF	☐ Mental / Behavioral Health	☐ Employment / Job Security
☐ Diabetes	☐ Obesity / Weight Management	☐ Food
☐ Dementia	☐ Pneumonia	☐ Housing
☐ Falls / Safety	☐ Renal Disease	☐ Transportation
☐ Other: _____		☐ Social Isolation

Additional Information / Notes:

Please fax referral and any additional documentation (if necessary) to (810) 600-7924