



# COPD Program Referral Form

Fax: 612.884.2497

Patient Information			
Patient Name	Date of Birth	UCare ID #	Product
Mailing Address		Phone Number	
Member speaks: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Hmong <input type="checkbox"/> Somali <input type="checkbox"/> Russian			
<input type="checkbox"/> Other _____ Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
COPD Management Plan developed by referring provider?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
***If available, please attach Medication List with referral		If `Yes`, Please fax with referral form.	

Provider Information		
Primary Care Provider/Title	Primary Care Clinic & Clinic ID	Phone
Case Manager/County Worker, if known	Clinic/County	Phone

COPD Program Eligibility	COPD Support Program
<p><b>Program Eligibility Includes:</b></p> <ul style="list-style-type: none"> <li>• Diagnosis of COPD</li> <li>• Age 18+ years old</li> <li>• Products: Connect, Connect + Medicare, EssentiaCare, Medicare – M Health Fairview North Memorial, Medicare Advantage-MN, MnCare, MSC+, MSHO, PMAP, UCare IFP, UCare M Health Fairview IFP, UCare Medicare – ISNP, UCare Medicare - PPO, and UCare Medicare Supplement</li> </ul> <p><b>Exclusions for DM Programs Include:</b> Diagnosis of ESRD (End Stage Renal Disease), On Hospice Care, In Long-Term Care Facility, On Dialysis</p> <p>QUESTIONS: Call the Disease Management Message line at 612-676-6539</p>	<p><b>Program Services:</b></p> <ul style="list-style-type: none"> <li>• Support from a registered respiratory therapist</li> <li>• Education provided on COPD management</li> <li>• Understand COPD-related medications and how they work</li> <li>• Understand triggers and allergens to watch out for</li> <li>• Learn how to use a COPD management plan</li> <li>• Improve on the critical COPD health measurements</li> <li>• Recognize the importance of regular doctor visits</li> <li>• Achieve healthy eating and exercise goals</li> <li>• Understand how sleep, stress, and emotional barriers can impact your breathing</li> </ul> <p>Is the member agreeable to participating in the COPD program? <input type="checkbox"/> Yes</p>

Referral Source	
Care Manager	Phone
Do you want to be contacted regarding the status of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Referral

Please fax to UCare at: 612.884.2497