Disease Management Referral Form

Patient Information			
Patient Name	Date of Birth	Member ID #	Product
Patient speaks*: ☐English ☐Spanish ☐ Hmong ☐ Somali ☐ Russian ☐ Other _____ Interpreter Needed: ☐ Yes ☐ No		Phone number	

Provider Information			
Primary Care Provider/Title*	Primary Care Clinic*	Phone*	

Choose Program
(For specifics – please refer to the DM Program Grid)

Health Coaching – Health Journey Criteria:

Diabetes
Must be within ages of **65-75 yrs**.
Must have had a recent inpatient or ED event for diabetes OR
Must have diabetes diagnosis. (Should have completed diabetes education with Certified Diabetes Educator.)

Heart Failure – Healthy Hearts program
Patients **ages 65-75 yrs**. old who are weight-bearing.
Must have diagnosis of heart failure.
Must have a recent inpatient or ED event for heart failure

Clinical Consideration:
NYHA Class 1 & 2: No limitation/slight limitation of physical activity.

Program Services: Telephonic health coaching based on readiness to change, Self-management tools, if indicated.

****Exclusions to Disease Management Programs**
- **Diagnosis of ESRD. (End Stage Renal Disease).**
- **On Hospice care.**
- **In Long Term Care Facility.**
- **On Dialysis.**

Health Journey Program:

☐ **Diabetes**

☐ **Heart Failure – Healthy Hearts**

Is the patient agreeable to participating in the indicated disease management program?
☐ Yes
Comments/Special Instructions (continue on back if needed)

Referral Source		
Care Manager	Phone	Do you want to be contacted regarding the status of this referral: ☐ Yes ☐ No

Please fax to Aspirus at: 715-787-7320
or email diseasemanagementMA@aspirushealthplan.com