Asthma Education Disease Management Referral Form

Member Information			
Member Name	Date of Birth	UCare ID #	Product
Language Spoken: ☐ English ☐ Spanish ☐ Hmong ☐ Somali ☐ Russian ☐ Other _____ Interpreter Needed: ☐ Yes ☐ No		Phone Number	
Member agrees to participate in program? ☐ Yes	Best Day/Time to Call: _____		

Provider Information		
Primary Care Provider	Primary Care Clinic	Phone Number
Case Manager/County Worker, if known	Clinic/County	Phone Number

Program Information

Asthma Education Program Eligibility:

Members ages 5-64 years who have **any** of the following:

- Diagnosis of asthma
- ER/hospitalization(s) for asthma
- Increased or uncontrolled asthma symptoms
- Suspected asthma medication non-compliance
- No current asthma action plan or not following their plan

****DM reviews member for program eligibility and program placement**

Asthma Education Program Description:

Program Services:

- Telephone calls from a Registered Nurse or Registered Respiratory Therapist
- Education Provided on asthma management
- Review of Asthma Action Plan
- Physician notification of enrollment/member concerns

Comments/Special Instructions:

Referral Source		
Referred by (Name):	Phone Number	Do you want to be contacted regarding the status of this referral: ☐ Yes ☐ No

Please email to UCare at: disease_mgmt2@ucare.org or fax to: 612.884.2497