



# Health Coaching Disease Management Referral Form

Patient Information			
Member Name		Date of Birth	UCare ID # Product
Language Spoken: <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			Phone number
Provider Information			
Primary Care Provider		Primary Care Clinic	Phone number
Choose Program (For specifics – please refer to the DM Program Grid)			
<b>Health Coaching Programs and Eligibility:</b>  <b>Diabetes - Health Journey Program</b> <ul style="list-style-type: none"><li>• Ages 18-75 years old</li><li>• 2 or more diabetes ED/hospitalizations in the last 24 months</li><li>• Any UCare product</li><li>• Members who would benefit from health coaching support</li></ul> <b>Heart Failure – Health Journey Program</b> <ul style="list-style-type: none"><li>• Ages 18-88 years old</li><li>• Must have a diagnosis of heart failure</li><li>• Any UCare product</li><li>• 1 or more heart failure ED/hospitalizations in the last 15 months</li><li>• Members who would benefit from health coaching support</li></ul> <b>Migraine Management Program</b> <ul style="list-style-type: none"><li>• Ages 18-75 years old</li><li>• 1 or more migraine related encounters in the last 12 months</li><li>• 1 or more pharmacy fill for migraine prescription in the last 12 months</li><li>• Connect, Connect+Medicare, MNCare, MSC+, and PMAP</li><li>• Members who would benefit from health coaching support</li></ul> <b>Program Services:</b> Telephonic health coaching based on readiness to change and self-management tools, if indicated.		<b>Health Coaching Conditions:</b>  <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Failure <input type="checkbox"/> Migraines  Did the member give verbal permission to receive telephonic outreach regarding this program? <input type="checkbox"/> Yes  <b>Comments/Special Instructions</b>  <b>**Exclusions to Disease Management Programs</b> <ul style="list-style-type: none"><li>• Diagnosis of ESRD (End Stage Renal Disease)</li><li>• On Hospice care</li><li>• In Long Term Care Facility</li><li>• On Dialysis</li></ul>	
Referral Source			
Referred by (name):		Phone	Do you want to be contacted regarding the status of this referral: <input type="checkbox"/> Yes <input type="checkbox"/> No

Please email to UCare at: [disease\\_mgmt2@ucare.org](mailto:disease_mgmt2@ucare.org) or fax to: 612.884.2497