Health Coaching Disease Management Referral Form

Patient Information

Member Name	Date of Birth	UCare ID # Product

Language Spoken: ☐ English ☐ Spanish ☐ Hmong ☐ Somali ☐ Russian ☐ Other _____ Interpreter Needed: ☐ Yes ☐ No

Phone number

Provider Information

Primary Care Provider	Primary Care Clinic	Phone number

Choose Program

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

Health Coaching Programs and Eligibility:

Asthma Health Coaching Program

- **Ages 5-64 years old**
- 1 or more asthma related ED/hospitalizations in the last 24 months
- Connect, MNCare, PMAP and IFP
- Members who would benefit from health coaching support

Diabetes – Health Coaching Program

- **Ages 18-75 years old**
- 1 or more diabetes ED/hospitalizations in the last 15 months
- Any UCare product
- Members who would benefit from health coaching support

Heart Failure – Health Coaching Program

- **Ages 18-88 years old**
- Must have a diagnosis of heart failure
- Any UCare product
- 1 or more HF ED/hospitalizations in the last 15 months
- Members who would benefit from health coaching support

Program Services: Telephonic health coaching based on readiness to change.

Health Coaching Program Referral:

☐ **Asthma**

☐ **Diabetes**

☐ **Heart Failure**

Did the member give verbal permission to receive telephonic outreach regarding this program?

☐ Yes

Comments/Special Instructions

****Exclusions to Disease Management Programs**

- Diagnosis of ESRD (End Stage Renal Disease)
- On Hospice care
- In Long Term Care Facility
- On Dialysis

Referral Source

Referred by (name):	Phone	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

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