

# Health Care Services Referral Form

To refer a patient (who is a BlueCross BlueShield of Western New York member) to our health coaching service, disease management, case management, or Care at Home<sup>SM</sup> program, please complete this form and fax to (716) 887-7913. One of our health care professionals will contact your patient.

## PATIENT INFORMATION

Patient name: Jarrold Heaney  
BlueCross BlueShield ID number: 382447408  
Date of birth: 1981-09-23 Phone number: 984-521-8820  
Email: jarrheaney81@hotmail.com  
Address: 194 Grady Gateway City: Louisville State: KY ZIP: 40118  
Diagnosis: acute pulmonary embolism

## REFERRAL SOURCE

Referring provider: Justin Soto  
Provider contact (name/number): Lisa Moreno, 906-987-5490

## REFERRAL REASON

### Health Coaching

Reinforcement and management of healthy lifestyle choices

- ☒ Smoking cessation
- ☐ Weight-loss
- ☐ Nutrition
- ☐ Physical activity
- ☐ Stress management
- ☐ BP/cholesterol regulation

### Disease Management

Educational support related to hospitalizations, new diagnoses, and new medications of the following conditions:

- ☒ COPD
- ☐ Diabetes
- ☒ Cardiac/CHF/CAD/HTN
- ☒ Asthma
- ☐ OSA
- ☐ New CPAP/BiPap
- ☐ New spine injuries
- ☒ Holistic Health Program
- ☐ New diagnosis of osteoarthritis hip/knee

### Case Management

Educational support and coordination of care related to multiple complex conditions and high utilization

- ☐ Multiple admissions
- ☐ Multiple ER
- ☐ High risk of exacerbation
- ☐ Adherence issues
- ☐ Declining functional status
- ☐ Behavioral health issues
- ☐ Palliative need
- ☐ Psychosocial needs
- ☐ Hip and knee surgery scheduled
- ☐ HIV/AIDS

### Care at Home

(Medicare Advantage plans only)  
In-home service program for chronically ill members

- ☐ 6 or more chronic conditions
- ☐ Multiple admissions
- ☐ Multiple ER visits
- ☐ Homebound status
- ☐ Care at Home

If available, please include all relevant medical records with referral (e.g., current medications, most recent lab results, chronic problems list, last history, and physical or visit notes).

Fax completed form to (716) 887-7913.

