Care Management Referral Form

*To refer a patient to Care Management, simply task the patient to the “CM Box” in your task box. In your task, please include one (or more) of the **below diagnoses** along with one (or more) of the **CM services** you’d like the patient to be connected with based on their diagnoses:

**Anti-Cooagulation**- CM Coumadin Clinic

**Asthma**- Medication Review, Peak Flow Meter Education (Note: The PCP must order the peak flow meter supplies for the patient.)

**Bipolar Disorder**- Mental Health Nurse Assessment

**CHF**- Protocol Management, High Risk Medication Consult

**Chronic Pain**- Provide Educational Resources

**COPD**- Medication Review

**Dementia/Alzheimer’s**- Cognitive Evaluation, Transportation, Assistive Home Services, or Facility Placement

**Depression/Anxiety**- Mental Health Nurse Assessment

**Diabetes**- Protocol Management, Educational Resources, or Glucometer Training (Note: The PCP must order the glucometer and necessary supplies for the patient.)

**Falls**- Initiate Home Health for Safety Evaluation, Referral to Fall/Balance Class

**Medication Management**- High Risk or Polypharmacy Medication Counseling with Pharmacist

**Obesity/Weight Management**- Goal Setting

**Substance Abuse/Addiction**- Mental Health Nurse Assessment, Referral to Rehab, AA, or Other Assistive Services

**Tobacco Cessation**- Medication Review (ie: Chantix), Goal Setting, Provide Educational Resources (Note: Patient must express willingness to quit at appointment; PCP must order medications.)