

# Southwestern Health Resources



## Provider Request Form for Consultative Services

Consultative services are episodic care events provided by SWHR Pharmacy Team, Licensed Social Worker or Registered Dietitian with a duration of service up to approximately 30 days. Services are limited to SWHR ACO members.

**Fax or email completed form, patient's current medication list and last office visit notes to:**

682-503-0067 (Attn: Provider Referral) | [SWHRCareManagement@southwesternhealth.org](mailto:SWHRCareManagement@southwesternhealth.org)

***You'll receive confirmation of receipt within one business day and a summary of care within 45 days of referral.***

***If a referral is not accepted due to lack of insurance coverage, we will provide a community resource list.***

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### REFERRAL SOURCE

Referring Provider:

Clinic Name:

Contact Name:

Contact Phone:

Contact Fax:

Contact Email:

### PATIENT INFORMATION

Date of Referral:

Patient Name:

Patient DOB:

Patient Phone:

Does the patient have any cognitive or communication issues we need to be aware of?      Yes      No

If yes, please explain:

Does patient's caregiver need to be involved in communications / care coordination?      Yes      No

If yes, provide caregiver name and contact info:

## REASON FOR REFERRAL

***Include detailed explanation of identified need for selected reason(s) below.***

### Pharmacy

Clinical notes and a medication list must be included with the pharmacy referral.

Side effects and adverse effects

Medication adherence and compliance education

- Education includes information about the appropriate use and storage of medications and strategies to improve compliance

Medical evaluation

- A patient-specific formulary review for alternatives will be completed based on a member's needs

### Social Work

Financial healthcare strain (Medication affordability)

Transportation (Patient is unable to attend doctor appointments on consistent basis due to lack of transportation)

Food insecurity (Patient would benefit from Meals on Wheels or other community food program)

At risk for utility shut off (Patient relies on utilities for healthcare needs)

Imminent homelessness

Advanced Care Directives (Patient needs forms completed due to end-of-life discussions with provider)

Level of care (For example, skilled nursing, long-term care or hospice)

Behavioral Health coordination (Help patients find community programs such as MHMR)

### Registered Dietitian

Diet order (Required to request RD services):

Pre-Diabetes (A1c 5.7-6.4)

Diabetes (New diagnosis or uncontrolled A1c > 8)

Renal / CKD (New diagnosis, stage 3+ or proteinuria)

Heart Failure (Recent heart-related hospitalization or need for weight loss with BMI > 30)

Malnutrition (Unintentional weight loss of > 10% in past 6 months)

Hypertension (Stage 2: Systolic  $\geq$  140 or diastolic  $\geq$  90 mm Hg and on medications)

Hyperlipidemia (Total cholesterol  $\geq$  200 mg / dL and on medications)

## REFERRAL EXPECTATIONS

Desired outcome of referral:

## DETAILED EXPLANATION / DETAILED NOTES