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Health Care Provider Referral: Disease Management Program

The Disease Management Program is designed for patients with chronic conditions. The program provides coaching and support by case management staff to help improve your patient's adherence to treatment.

To refer a patient to the Disease Management Program, simply complete the patient information below. If time permits, please provide additional information in the medical information section. Referrals can be submitted by fax or email. Program staff are available by phone if you would like additional information about the program.

Date: _____ Patient and Referral Information

The following patient has current symptoms and should be evaluated for the Disease Management Program.

First: _____ MI: _____ Last:_____

Cigna-HealthSpring ID: _____ State: _____

Date of Birth: ____/_____/_____ Gender: _____Male ____Female

Referred by: _____ Phone:_____

Physician name: _____ Physician phone: _____

Is this patient aware that s/he is being referred to the Disease Management Program?
___Yes ___No Comments:_____

Patient Medical Information (optional)

Is this patient currently taking antidepressant medication? __Yes __No

Does this patient have any of the following chronic conditions? *Please check all that apply:*

☐ Asthma	☐ End of Life Care Needs
☐ COPD	☐ Obesity
☐ Congestive Heart Failure	☐ Uncontrolled Diabetes
☐ Coronary Artery Disease	☐ Hypertension
☐ Chronic Kidney Disease or ERSD	☐ Other_____

Does the patient have any co-occurring behavioral health conditions? *Please check all that apply:*

☐ Alcohol abuse/dependence	☐ Schizophrenia
☐ Anxiety Disorder	☐ Substance abuse/dependence
☐ Depression	☐ Post-traumatic stress disorder
☐ Bipolar Disorder	☐ Psychosis
☐ Phobias	☐ Obsessive-compulsive disorder

Thank you for your referral to the Disease Management Program!