Cigna HealthSpring

Cigna-HealthSpring Behavioral Health Care Service is available to assist in treatment planning and support for our members at the number listed.

500 Great Circle Drive, Nashville, TN 37228 Tel 866.780.8546 Fax 866.949.4846

Health Care Provider Referral: Depression Disease Management Program

The Depression Disease Management Program is designed for patients with a depressive disorder. The program provides coaching and support by care management staff to help improve your patient's adherence to treatment for depression.

To refer a patient to the Depression 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 mail or fax. Program staff are available by phone if you would like additional information about this program.

Date: _____ Patient and Referral Information

The following patient has current symptoms of depression and should be evaluated for the Depression 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 Depression Disease Management Program?
☐ **Yes** ☐ **No** **Comments:** _____

Patient Medical Information (optional)

Is the patient receiving counseling? ☐ **Yes** ☐ **No**

Date of diagnosis: _____ **Diagnosis:** _____ **Code:** _____
Is the patient currently taking antidepressant medication? ☐ **Yes** ☐ **No**
If yes, did you give patient samples? ☐ **Yes** ☐ **No**

Psychotropic Medication: _____ **Dosage:** _____ **Date started:** _____

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Has the patient ever been hospitalized for depression? ☐ **Yes** ☐ **No** If yes, discharge Date: _____
Does the patient have any co-morbid medical conditions (e.g., diabetes)? ☐ **Yes** ☐ **No**
If "Yes," please list: _____

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

☐ Alcohol abuse/dependence	☐ Panic disorder	☐ Phobias
☐ Anxiety disorder	☐ Bipolar disorder	☐ Post-traumatic stress disorder
☐ Depression	☐ Schizophrenia	☐ Obsessive-compulsive disorder
☐ Social phobia	☐ Substance abuse/dependence	☐ Other: _____

Thank you for your referral to the Depression Disease Management Program!