CareMore Medical Group of Tennessee, PC

SECTION A: Complete all information. Please complete the patient information before submitting form to CareMore.

Today's Date	
Patient's Last Name:	Patient's First Name:
Patient's DOB:	Patient's Amerigroup Member ID#:
Patient's Mobile #:	Patient's Home #:
Referring Provider's Name:	Referring Provider's Office #:
Referring Provider's Fax #:	
Pertinent Patient Clinical Information: (If additional space is needed, please attach office notes from the patient's last 3 office visits)	

SECTION B: Place a check mark in the box or boxes for the programs the patient is being referred to AND provide data for the questions in the "Program Referral Criteria."

√	Specialty Care Program	Program Referral Criteria
☐	Asthma/Chronic Obstructive Pulmonary Disease (COPD)	Home Oxygen: ☐Yes or ☐No
		Date of last PFTS: (SEND COPY OF RESULTS)
		Frequency of exacerbations:
		Frequency of nighttime awakenings:
		How many times daily is albuterol used:
☐	Behavioral/Mental Health	Psychiatric Diagnosis:
		Date of last evaluation by Psychiatrist:
		Competency Screening: ☐Yes or ☐No
		Psychotherapy requested: ☐Yes or ☐No
☐	Case Management and Social Work	Patient requires rehab or home health; direct admit to hospital, SNF, or psych; HHC/ Home safety evaluation:
		Social Work - complex social concerns impacting health, safety, and self-care:
☐	Congestive Heart Failure (CHF) Monitoring	Date of last Echo: EF%- Diastolic Dysfunction
		Date of last exacerbation:
		Date of last hospitalization:
☐	Diabetes Management	Date of last HBA1C:
		Length since diagnosis of Diabetes:
		Clinically significant recurrent hypoglycemia: ☐Yes or ☐No
		Is patient insulin dependent: ☐Yes or ☐No
		Is patient insulin requiring: ☐Yes or ☐No
		What are the other diabetic related conditions:
☐	Fall Clinic	Date of last fall:
		Frequency of falls:
		Fall related medications:
		Fall risk include:
☐	Healthy Start Assessment	Age group: *Please include last full physical exam from your records.*
☐	Wound Care	Any open active wounds (acute or chronic):

SECTION C: Fax form over to the respective CareMore clinic that is most convenient for the patient to be seen

Midtown	Hickory Hill	Raleigh
1169 Jefferson Avenue Memphis, TN 38104 Phone #: 901-425-1880 **FAX #: 901-725-5768** Hours of operation: 7:30am–7pm CT, Monday–Saturday	6544 Quince Road Memphis, TN 38119 Phone #: 901-425-0190 **FAX #: 901-624-6234** Hours of operation: 7:30am–7pm CT, Monday–Saturday	2922 Covington Pike Memphis, TN 38128 Phone #: 901-425-0200 **FAX #: 901-213-9868** Hours of operation: 7:30am–7pm CT, Monday–Saturday

****After the patient has been seen at the CareMore clinic, CareMore will send a summary of the visit*