



A plan for life.

Health Coach ConnectionSM Physician Referral FAX Form

Health Coaches are available from Health Coach ConnectionSM 24 hours a day/365 days a year to provide education and support to your patients who have chronic conditions or need health education on any health care topic.

Referring Physician

IMPORTANT: If you would like to receive a report about your patient's enrollment in Health Coaching, this section must be filled out completely.

Physician Last Name: _____ Physician First Name: _____

Physician Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ CDPHP Provider #: _____

Date of Referral: _____ Name of person completing form: _____ FAX: _____

Patient Information

Patient Name: _____ Member ID #: _____

Date of Birth: _____ Phone - Day: _____ Phone - Evening: _____

Preferred Day and Time to Call: _____

Reason for Referral

Decision Support

- Back Pain (e.g., herniated disc, spinal stenosis)
- Breast Cancer
- PSA testing
- Colorectal Cancer
- Prostate Cancer
- Fibroids and Abnormal Uterine Bleeding
- Coronary Heart Disease
- Osteoarthritis Knee/Hip
- Other _____

Chronic Condition Support

- CHD
- HF
- Asthma
- COPD
- Diabetes
- Hypertension

General Health Information and Support _____

Medication Adherence Issues - Specific medication(s) _____

Treatment Plan Adherence Issues - Specific treatment plan _____

Comments _____

To refer a patient for Health Coaching, please complete this form and FAX it to Health Coach ConnectionsSM at **1-800-609-6147**.

Capital District Physicians' Health Plan, Inc.
Capital District Physicians' Healthcare Network, Inc.
CDPHP Universal Benefits, Inc.