

POPULATION HEALTH FAX: 225-298-3184

POPULATION HEALTH PHONE: 1-800-317-2299

**NOTE: DO NOT use this form for urgent or emergent referrals. Upon receipt of the referral form, a Population Health nurse will reach out to the patient within 3-5 business days.**

**Patient Information**

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Patient Phone (Day) \_\_\_\_\_

BCBSLA ID Number \_\_\_\_\_ Evening Phone \_\_\_\_\_

Referring Physician Name \_\_\_\_\_ Referring Physician Phone \_\_\_\_\_

**Pertinent Clinical Information**

Diagnoses, treatment plan, labs/test results, vital signs, discharge summary, etc.

\_\_\_\_\_

\_\_\_\_\_

**Referral Type**

<input type="checkbox"/> Health Coach	Reason for Referral _____ _____
<input type="checkbox"/> Social Worker	Reason for Referral _____ _____
<input type="checkbox"/> Dietician	Reason for Referral: _____ _____

**Additional Information**

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