

POPULATION HEALTH FAX: 1-800-267-6548**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) _____

Louisiana Blue ID Number _____

Evening Phone _____

Referring Provider Name _____

Referring Provider Phone _____

Pertinent Clinical Information

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

Referral Type☐ **Health Coach**

Reason for Referral

☐ **Social Health Coach**

Reason for Referral

☐ **Dietician**

Reason for Referral

Additional Information
