



Population Health Provider Referral

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

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

Additional Information
