MDX Hawai'i

CARE COORDINATION REFERRAL FORM

FAX TO: 792-8441 (O'ahu)/1-800-688-4040 (Neighbor Islands)
Phone: 792-8402 (O'ahu)/1-877-544-0777 (Neighbor Islands)

This form is for Referral to MDX Hawai'i's Medical Management Department. Please include any relevant medical records with this form. Please complete all fields and **fax** this form to MDX Hawai'i.

Submitted Date:	Referring Provider Name:	
Phone:	Contact Person:	

Member Information

Member Name: (Last, First M.I.)			
Member ID:	DOB:	Phone:	
Authorized Member Representative Name:			Phone:

Provider Information (if applicable)

Primary Care Provider:	Phone:	Fax:
Specialty Provider:	Phone:	Fax:
Behavioral Health Provider:	Phone:	Fax:
Other Provider:	Phone:	Fax:

Reason for Referral to Care Coordination (check "✓" all that apply)

Care Coordination/High Risk

☐ Two or more inpatient admissions within the last 6 months

☐ Hospital re-admission within 30 days of discharge

☐ Two or more ER visits within the last six months

☐ No PCP within the last year

☐ Needs help with coordination of medical services

☐ Advanced Care Planning needed

Medication Therapy

☐ High Risk medication use or polypharmacy (Need Medication review by pharmacist)

Disease Management

☐ Congestive Heart Failure (CHF)

☐ Advanced Kidney Disease (CKD 4/5)

☐ ESRD/New Hemodialysis

Current Diagnoses (please send latest annual health assessment if available:

Current Medication List:

Brief Description of Referral Need