



## QCIPN Referral Form

Please make sure patient is aware of the referral.

REFERRAL INFORMATION			
Date of Referral:			
Referring Provider:		Phone:	Fax:
Preferred Method of Communication: <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> TigerText <input type="checkbox"/> Epic InBasket			
PCP (if different from referring provider):		Phone:	Fax:
PATIENT INFORMATION (CAN SEND DEMOGRAPHICS SHEET)			
Last Name:	First Name:	Middle:	Sex:
DOB:			
Preferred Phone:		Alternate Phone:	
Contact Person (if not patient):		Contact Person Phone:	
Address:			
Relevant Diagnoses:			
REASON(S) FOR REFERRAL			
<input type="checkbox"/> Advance Care Planning Clinic <input type="checkbox"/> Clinical Care Coordination/Psychosocial Support <input type="checkbox"/> Need behavioral health assessment (in-home/phone) &/or referral to behavioral/mental health provider <input type="checkbox"/> Psychiatric Collaborative Care (Integrated Behavioral Health)* <i>Please obtain &amp; document patient consent</i> <input type="checkbox"/> Integrated Medication Management/Pharmacist Support <input type="checkbox"/> Integrated Diabetes Management Program <input type="checkbox"/> Integrated Medical Nutrition Program			
SPECIFIC NEEDS TO BE ADDRESSED			

If NOT on Queen's Epic (Care\*Link or Queen's Connect), please include (can attach EMR documents):

- Demographic sheet with insurance information
- Past medical history
- Active medical problems
- Current medications/side effects/allergies

\* If referring to Psychiatric Collaborative Care (Integrated Behavioral Health) and NOT on Queen's Epic, please also include (can attach EMR documents):

- History of present illness (*screening scale(s) and scores; concerning mental health symptoms*)
- Past psychiatric history (*past dx(s); past therapy (inpt/outpt); medication trials (benefits and side effects); ER visits/hospitalizations; self-injurious behaviors; suicide attempts*)
- Substance use history and frequency

**Questions?** Please contact the team directly at: 808-691-7735

Monday through Friday 8:00am to 4:30pm (Office closed on Queen's observed holidays).

Providers on Queen's Epic (Care\*Link or Queen's Connect) can refer via Referral Order (QCIPN Clinical Care Coordination Team) or In-Basket (QCIPN Clinical team).

Please complete referral form and fax to 808-691-4053 or call 808-691-7735.

Referrals are also available via HHIE Referral Platform.