



QCIPN Clinical Care Coordination Team Referral Form

***** Patient should be aware of, and agreeable to, the referral *****

REFERRAL INFORMATION			
Date of Referral:			
Referring Provider:		Phone:	Fax:
PCP (if different):		Phone:	Fax:
PATIENT INFORMATION (See below for list of supporting documents if NOT on EPIC)			
Last Name:		First Name:	
DOB:		Gender:	
Preferred Phone:		Alternate Phone:	
Contact Person (if not patient):		Contact Person Phone:	
Address:			
Relevant Diagnoses:			
REASON(S) FOR REFERRAL (check off as many as applies to your patient's needs)			
<input type="checkbox"/> Advance Care Planning		<input type="checkbox"/> Behavioral health assessment/Referral for services	
<input type="checkbox"/> CKD-Connect Program		<input type="checkbox"/> Clinical/RN Support	
<input type="checkbox"/> COPD Program		<input type="checkbox"/> Psychosocial/SW Support	
<input type="checkbox"/> SBIRT (Substance Use Disorder Support)		<input type="checkbox"/> Smoking Cessation	
<input type="checkbox"/> Integrated Diabetes Management Program			
<input type="checkbox"/> Integrated Medical Nutrition Program (Registered Dietician support)			
<input type="checkbox"/> Integrated Medication Management (Pharmacist support)			
<input type="checkbox"/> Integrated Behavioral Health - Psychiatric Collaborative Care - <i>*Must obtain & document patient consent</i>			
CLINICAL INDICATIONS			
I am referring this patient for the following reasons (please note if want specific disciplines involved):			

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
- Recent office visit note with 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 or want to make a referral? Please contact the team directly at: Phone: 808-691-7735, Fax: 808-691-4053

Mon to Fri, 8:00am to 4:30pm (Office closed on Queen's observed holidays)

Providers on Queen's Epic (Care*Link or Queen's Connect) may refer via In-Basket (Pool: QCIPN Clinical Team).