

Physician Referral FAX Form

Scott & White Health Plan - VitalCare Health Coaches are available 24 hours a day/365 days a year to provide education and support to your patients who need decision support. The **SWHP VitalCare** Shared Decision-Making® approach presents patients with evidence-based information on their healthcare options and encourages them to work with you to make healthcare decisions that are right for them.

Patient Information

Patient Name: _____ Gender: _____ Member ID #: _____

Patient Address: _____ City: _____ State: _____ ZIP: _____

Date of Birth: _____ Phone-Day: _____ Phone-Evening: _____

Preferred Day and Time to Call: _____

Reason for Referral

Spine and Joint

- Back pain
 Osteoarthritis (e.g., knee, hip)

Men's Health

- Prostate conditions
 PSA testing

Women's Health

- Breast cancer
 Uterine conditions
 Menopause

Condition Treatment and Screenings

- Colorectal screening
 Coronary angioplasty or bypass surgery
 Coronary heart disease screening
 Depression
 Weight loss surgery

General Information

- End-of-life decisions
 Shared decision-making
 Other _____

Comments

Referring Physician

Physician Last Name: _____ Physician First Name: _____

Physician Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____ [Plan Name] Provider #: _____

Date of Referral: _____ Name of person completing form: _____ FAX: _____

To refer a patient for health coaching, please complete this form and FAX it to SWHP VitalCare at **1-866-936-3045**.