Banner Health

CLINICAL PHARMACY SERVICES REFERRAL FORM

Patient Name _____ Date _____

Phone # _____ Date of Birth _____ ❑ Male ❑ Female

Insurance _____ Prior Authorization Number _____

Referring Physician _____ Office # _____ Fax # _____

Primary Care Physician _____ Office # _____ Fax # _____

Drug Therapy Management (please check all that apply)

❑ Anticoagulation Management

Indication: _____

INR Goal Range:

❑ 2-3 ❑ 2.5-3.5 ❑ Other _____

Duration of therapy:

❑ 6 weeks ❑ 3 months ❑ 6 months

❑ 1 year ❑ Chronic ❑ Other _____

LMWH Dosing/Bridging Special Instructions:

❑ Enoxaparin 1 mg/kg every 12 hours

❑ Enoxaparin 1.5 mg/kg daily

❑ Other _____

❑ Diabetes Management

Type of diabetes:

❑ Type 1

❑ Type 2

❑ Gestational

Goal A1c:

❑ <6.5% ❑ < 7% ❑ < 7.5%

❑ < 8 % ❑ Other _____

❑ Cardiovascular Risk Reduction Management

*Including **management** of both or the one circled disease state:*

Hypertension

Goal BP:

❑ <140/90 mmHg ❑ < 130/80 mmHg

❑ <150/90 mmHg ❑ Other _____

Dyslipidemia

Select Diagnosis:

❑ Primary Prevention

❑ Secondary Prevention – clinically evident coronary heart disease

❑ Heart Failure Medication Education

Select Diagnosis:

❑ Systolic Heart Failure (HFrEF)

❑ Diastolic Heart Failure (HFpEF)

❑ Systolic/Diastolic Heart Failure

❑ Complete Medication Review/ Polypharmacy Consult

Includes assessment of and medication therapy optimization recommendations for prescription and over-the-counter medications

SIGN HERE

Physician Signature _____ Date / Time _____

SIGN HERE

This signed Referral Form authorizes patient enrollment in clinical pharmacy services and activation of the specified clinical pharmacy drug therapy management protocol (anticoagulation, diabetes, dyslipidemia, hypertension) allowing for the initiation, management and adjustment of prescription medications under the authority of the referring provider.

To complete referral:

1. Fax this signed Referral Form
2. Attach last progress note (non-Banner facilities)
3. Attach a copy of the patient's insurance card

Once referral received the clinic will call patient to schedule appointment. Call the clinic for more immediate scheduling.

Banner Baywood Medical Center (AZ) MedCareClinic Office #: (480) 321-4396 **Fax #: (480) 321-4588**	**Banner – University Medical Center Tucson (AZ)** MedCare Clinic Office #: (520) 694-4860 **Fax #: (520) 874-7189**	**McKee Medical Center (CO)** MedCare Clinic Office #: (970) 820-1970 **Fax #: (970) 820-6005**
	Banner Casa Grande Medical Center (AZ) MedCareClinic Office #: (520) 381-6787 **Fax #: (520) 381-6556**	**North Colorado Medical Center (CO)** MedCare Clinic Office #: (970) 810-6437 **Fax #: (970) 810-2550**