

ANTIDOTE HEALTH DISEASE MANAGEMENT REFERRAL FORM

If your patient with Antidote Health medical coverage is suddenly faced with a chronic medical condition, our disease management team can help.

Our disease management team has trained health care specialists with the skills, experience, and compassion to assist you and your patient with navigating chronic conditions.

If you think a disease manager could help your patient, please complete and submit this form.

Patient Information	
Patient Name (first and last)	
Patient Phone Number	
Patient ID (from ID card)	
Patient Date of Birth (mm/dd/yyyy)	
Referring Health Care Professional Information	
Referring Provider Name	
Provider Phone number	
Referral date (mm/dd/yyyy)	
Diagnosis	
Reason for referral (select all that apply) Diabetes Asthma- COPD CAD Hypertension Hyperlipidemia CKD CHF Obesity Other If other, please specify: <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	
Has the patient agreed to receive an outreach call?	<div style="display: flex; justify-content: space-around;"> Yes No </div>

Would you like to receive a call from a case management team member to discuss your patient's case?

Yes

No