



Asthma Education Program Referral Form

Fax 612.884.2497

Patient Information			
Patient Name	Date of Birth	UCare ID #	Product
Mailing Address		Phone Number	
Language Spoken:	English	Spanish	Hmong Somali Russian
Other _____	Interpreter Needed:	Yes	No

Provider Information		
Primary Care Provider	Primary Care Clinic	Phone
Case Manager/County Worker, if known	Clinic/County	Phone

Asthma Education Program Eligibility	Asthma Education Program Description
<p>Patient age 5-64 years who have <u>any</u> of the following:</p> <ul style="list-style-type: none"> • 1 or more ER/hospitalizations for asthma in the last 24 months • 4 or more asthma medication prescriptions in the last 24 months • Increased or uncontrolled asthma symptoms • Suspected asthma medication non-compliance <p>QUESTIONS: Call the Disease Management Line at 612-676-6539</p>	<p>Program Services:</p> <ul style="list-style-type: none"> • Telephone calls from a UCare Registered Nurse or Respiratory Therapist • Education provided on asthma management • Review Asthma Action Plan • Gift Card Incentive opportunity • Physician notification of enrollment/patient concerns <p>Patient agrees to participate in program (check box)</p>

Referral Source	
Referred by (name) :	Phone
Do you want to be contacted regarding the status of this referral? Yes No	Date of Referral

Please fax to UCare at: 612.884.2497