



Health Connect 360 Clinical Program Referral Form

Please send completed form to PharmacyLiaison@ucare.org

(available for members in these plans)

MSHO (Minnesota Senior Health Options) Connect + Medicare Connect (Non-Dual Only)

Patient Information

Patient Name:	Date of Birth:	UCare ID#:
Mailing Address:	County:	Phone:
Member speaks: <input type="checkbox"/> English <input type="checkbox"/> Burmese <input type="checkbox"/> Hmong <input type="checkbox"/> Karen <input type="checkbox"/> Spanish <input type="checkbox"/> Somali <input type="checkbox"/> Russian <input type="checkbox"/> Other: _____	Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Referral Source

Name and relationship of person referring:	Email:	
Clinic/County/Organization:	Phone:	Fax:
Would you like to be contacted via email with an update regarding this referral: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide an email:		

Type of Referral

Program for Referral (select all that apply)

- Hypertension Remote Monitoring (MSHO, Connect +, and Connect Non-Dual Only)
- Pulmonary Remote Monitoring (MSHO, Connect +, and Connect Non-Dual Only)
- Diabetes Remote Monitoring (MSHO and Connect + Only)
- Weight Loss Remote Monitoring (MSHO and Connect + Only)
- Drug deactivation and disposal bags (MSHO and Connect + Only)
- Pharmacist Educational Counseling (MSHO, Connect +, and Connect Non-Dual Only)

Please describe reason for referral:

*Attach any supporting documentation that maybe helpful in processing this referral.