

Supportive Care Referral Form



Reminder: Send in secured format as document contains confidential PHI

External providers may call 801-982-3413 to complete the referral telephonically

Date	Referral	Consent Date
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>

Person Submitting Referral	Phone
<input type="text"/>	<input type="text"/>

Patient Information

Patient Name	DOB
<input type="text"/>	<input type="text"/>

Patient Phone
<input type="text"/>

Primary Caregiver/Relationship	Phone
<input type="text"/>	<input type="text"/>

Address	City	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>

Pharmacy
<input type="text"/>

Attach the following documents:

- Medication Sheet
- H&P
- Advanced Directive/POLST

General History: Clinical records required with referral (please include clinical & psychosocial issues)

Current Needs/Barriers to Goals:

Instructions: You have several options for submitting your documents to the OptumCare Supportive Care team:

- Fax: 844-461-5749 Attn. OptumCare Supportive Care
- Secure E-mail: Megan.Kendrick@optum.com