

**Referral Form for Tria Health Clinical Pharmacist** 

PATIENT INFORMATION Last name:	First:	Middle Initial:
Phone(Home):	_ Phone(Cell):	Phone(Alternate):
Date of Birth:	Sex: 🗆 M 🗆 F	City: State:
Caregiver Name:	Relationship to Pt:	Phone #:
Date of Patient's Next Appointme	ent: Pi	imary Care Provider:
<b>REASON FOR CONSULTATI</b>	ON	
Post discharge medica	ation therapy consultation tion reconciliation (include o ogram (include insurance/pro reason for referral)	discharge summary, if available) escription plan information, if available)
FOLLOW-UP INFORMATION		
<ol> <li>Please attach the following items</li> <li>Current Medication List</li> <li>Most recent physician clin</li> <li>Most recent laboratory da etc.</li> <li>Name of person making referral:</li> <li>Practice contact (If different than</li> </ol>	ic note Ita – including disease specif	ic markers, such as HgbA1C, lipid profile, ejection
	person making referral):	
	person making referral): Ext	: Fax:
Preferred follow-up: Phone: Summary of findings, following en the designated email addresses: 1 2 3	Ext ncounter with Tria Health C	: Fax: linical Pharmacist, will be emailed* to
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Preferred follow-up: Phone: Summary of findings, following en the designated email addresses: 1 2 3 Email completed form, medication list, cli *For Rapid Drug Information Const	Ext ncounter with Tria Health C nic note, and laboratory data to <u>pr</u>	Exercise Fax:
Preferred follow-up: Phone: Summary of findings, following en the designated email addresses: 1 2 3 Email completed form, medication list, cli *For Rapid Drug Information Com Please include the additional infor	Ext ncounter with Tria Health C nic note, and laboratory data to <u>ph</u> sultation Only: mation found below:	Example 2 Fax: Fax
Preferred follow-up: Phone: Summary of findings, following end the designated email addresses: 1 2 3 Email completed form, medication list, cli *For Rapid Drug Information Comp Please include the additional infor Urgency of Response:Urgent	Ext ncounter with Tria Health C nic note, and laboratory data to <u>pr</u> sultation Only: mation found below: <b>D Non-Urgent</b>	E Fax: Fax: Inical Pharmacist, will be emailed* to marmacist@triahealth.com or fax to 913.254.3006 or 913.32
Preferred follow-up: Phone: Summary of findings, following end the designated email addresses: 1 2 3 Email completed form, medication list, cli *For Rapid Drug Information Comp Please include the additional infor Urgency of Response:Urgent Desired Response Time:	Ext ncounter with Tria Health C nic note, and laboratory data to <u>pr</u> sultation Only: mation found below: <b>D Non-Urgent</b>	E Fax: Fax: Inical Pharmacist, will be emailed* to marmacist@triahealth.com or fax to 913.254.3006 or 913.32
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Email completed form and other documentation to <u>pharmacist@triahealth.com</u> or fax to913.254.3006 or 913.322.8497 \*Only utilize email communication if encrypted email is available, to ensure patient privacy & PHI security

7101 College Blvd., Ste. 600 | Overland Park, KS 66210 | P: 1.888.799.8742 F: 913.254.3006 | www.triahealth.com