



Referral Form for Tria Health Clinical Pharmacist

Eligible Patients: Aetna, BCBS, and Medicare

PATIENT INFORMATION

Insurance Carrier: Aetna BCBS Medicare

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 Appointment: _____ Primary Care Provider: _____

The patient is being referred to a Tria Pharmacist for the following reason(s):

- Rapid drug information consultation*
- Comprehensive medication therapy consultation
- Post discharge medication reconciliation (include discharge summary, if available)
- Smoking Cessation Program (include insurance/prescription plan information, if available)
- Other (please specify reason for referral)

Describe specific question or consultation request below:

FOLLOW-UP INFORMATION

Important:

Please attach the following items to this referral form.

1. Current Medication List
2. Most recent physician clinic note
3. Most recent laboratory data – including disease specific markers, such as HgbA1C, lipid profile, ejection fraction, etc.

Name of person making referral: _____

Practice contact (If different than person making referral): _____

Preferred follow-up: Phone: _____ Ext: _____ Fax: _____

Summary of findings, following encounter with Tria Health Clinical Pharmacist, will be emailed* to the designated email addresses:

1. _____
2. _____
3. _____

Email completed form, medication list, clinic note, and laboratory data to pharmacist@triahealth.com or fax to 913.254.3006 or 913.322.8497

*For Rapid Drug Information Consultation Only:

Please include the additional information found below:

Urgency of Response: Urgent Non-Urgent

Desired Response Time: _____

Contact Person: _____

Preferred Communication Method for Response:

Email*: _____ Phone: _____ Other: _____

Email completed form and other documentation to pharmacist@triahealth.com or fax to 913.254.3006 or 913.322.8497

*Only utilize email communication if encrypted email is available, to ensure patient privacy & PHI security