

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	i F	City: _	State:
Caregiver Name:	Relationship t	o Pt:_		Phone #:
Date of Patient's Next Appointmen	nt:	Pr	imary Ca	are Provider:
REASON FOR CONSULTATIO	ON			
The patient is being referred to a Tr Rapid drug information Comprehensive medicat Post discharge medicat Smoking Cessation Prog Other (please specify re Describe specific question or consu	consultation* tion therapy consult ion reconciliation (in gram (include insurar eason for referral)	ation clude c nce/pre	lischarge	
FOLLOW-UP INFORMATION				
etc. Name of person making referral:	c note a – including disease			rs, such as HgbA1C, lipid profile, ejection fra
Practice contact (If different than p	person making refer	ral):		
	•			
		Ext	!	Fax:
Preferred follow-up: Phone: Summary of findings, following enthe designated email addresses: 1. 2. 3.	counter with Tria He	Ext:	inical Ph	narmacist, will be emailed* to
Summary of findings, following enterthe designated email addresses: 1. 2. 3.	counter with Tria He	Ext:	inical Ph	narmacist, will be emailed* to
Summary of findings, following entitle designated email addresses: 1. 2. 3. Email completed form, medication list, clin *For Rapid Drug Information Const Please include the additional inform Urgency of Response: Urgent Desired Response Time:	ic note, and laboratory datation Only: nation found below: Non-Urgent	Ext:	inical Ph	narmacist, will be emailed* to
Summary of findings, following entitle designated email addresses: 1. 2. 3. Email completed form, medication list, clin *For Rapid Drug Information Conservation of Response: Urgent	ic note, and laboratory da ultation Only: nation found below: Non-Urgent	Ext:	inical Ph	narmacist, will be emailed* to

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