



DIRECT REFERRAL FORM

Referral Date: _____

Urgent

Email: referrals@aspirehealthcare.com

Fax: 844-249-5579 • **Phone:** 844-232-0500

REFERRAL SOURCE INFORMATION

Name: _____ Organization: _____

Role: _____

Type: Health Plan Provider If the "Type" is "Health Plan," Program Name: _____

Phone: _____ Fax: _____

Email: _____

Date of phone call to patient about Aspire Health: _____

Did the patient agree to Aspire Health Services? Yes No

PATIENT INFORMATION

Name: _____

Primary Diagnosis: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Email: _____

Best Days to Contact the Patient: Sun Mon Tues Wed Thurs Fri Sat

Best Time to Contact the Patient: Between _____AM/PM and _____AM/PM

Gender: _____ Date of Birth: _____

Preferred Language: _____

PCP Name: _____ PCP Phone: _____ PCP Fax: _____

Specialist Name: _____ Specialist Phone: _____ Specialist Fax: _____

Patient Health Plan: _____

Line of Business: _____ Patient Health Plan Member ID: _____

Group Number (if applicable): _____ HCID # (if applicable): _____

Does the patient require an Authorized Representative? Yes No

If yes, did the Authorized Representative agree to Aspire Health services for this patient?

Yes No

Date of discussion with Authorized Representative about Aspire Health services for this patient: _____

Patient's Authorized Representative Name: _____

Patient's Authorized Representative Phone: _____

PATIENT CLINICAL INFORMATION

Location: Hospital SNF Home Other

Hospital, SNF or Other Location Name (if applicable): _____

Anticipated Discharge Date (if applicable): _____

Anticipated Disposition:

- Home with Caregiver Support Home without Caregiver Support Home with Home Health
 Home with Home Infusion Therapy Board & Care Shelter Other Community Living Situation

Check all that apply:

- Advanced illness with decline
- Life expectancy is less than one year
- Life threatening illness
- Will participate in advanced care planning
- Will try in-home or outpatient management prior to using the ED
- Conditions for which curative treatment is possible, but may fail
(i.e. Advanced or progressive cancer or complex and severe congenital or acquired heart disease)
- Conditions requiring intensive long-term treatment aimed at maintaining quality of life
(i.e. HIV infection, multiple sclerosis or ALS)
- Progressive conditions for which treatment is exclusively palliative after diagnosis
(i.e. Advanced dementia or Parkinson's disease)
- Advanced Cancer
 - Stage III or IV solid organ cancer, lymphoma, or leukemia
 - Patient is not tolerating standard treatment and is in need of symptom relief
- CHF
 - NYHA class III or IV or hospitalized for CHF with no further invasive interventions planned
- COPD
 - FEV1 < 35 % predicted
 - Gold C or D
- Dementia
 - Frequent infections (UTI, pneumonia, etc.)
 - FAST 5 or higher
- End Stage Liver Disease
 - Irreversible liver damage, Albumin < 3.0 and INR 1.3
 - Ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome or recurrent esophageal varices
 - Evidence of irreversible liver damage and MELD score of > 19
- End Stage Renal
 - On Dialysis
 - GFR 30 or less
- Other

Referral Prompted by:

- Inadequate home, social or family support
- Uncontrolled symptoms related to an underlying disease (i.e. pain, shortness of breath, vomiting)
- One or more chronic conditions that are not well controlled (i.e. hypertension, DM, PVD, asthma)
- Recent ER visit or hospitalization caused by destabilization of a chronic condition, and/or overall high utilizer of healthcare services (i.e. multiple ER visits, outpatient services)

Patient Records:

- Patient history, medical records, test results, X-rays, etc. attached

Clinical Information:

- Aspire Health partners with providers and health plans to provide supportive care to members living with a serious illness or multiple complex conditions.
- The Aspire Health clinical model is based on the concept of “co-management.” Aspire’s clinical team does not take over a member’s care from the PCP and specialists, but instead establishes a partnership with the PCP and specialists to provide an extra layer of support for the member in the member’s home.
- An Aspire Health clinician will reach out to a member’s PCP or specialist to coordinate any major changes in a member’s care plan and will share a one-page summary of the visit with the member’s PCP and/or specialist(s).
- Aspire Health offers the member access to a team of clinicians 24 hours a day, 7 days a week.

Upon completion of this form, please send the completed Aspire Direct Referral Form with any pertinent patient medical records, history, test results, etc. via SECURE email to referrals@aspirehealthcare.com or fax to **844-249-5579**.