

REFERRAL FORM

Thank you for choosing to refer your patient to Tidelands Health Community Health Resources (CHR) Department. To start the referral process, please complete this form and email or fax directly to our office. If you do not hear back from our referral team within 3 business days, please call us at 843-520-8598.

Fax: 843-520-8697

Email: CHR@tidelandshealth.org

Date	From
No. of pages	Phone
Referring Agency/Practice	Email
Primary Care Provider (if applicable)	
OB Provider (if applicable)	
Insurance Provider <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Self Insured <input type="checkbox"/> Charity <input type="checkbox"/> Uninsured <input type="checkbox"/> Active TCCN	

PATIENT INFORMATION

Name	<input type="checkbox"/> MRN or <input type="checkbox"/> DSS Number	
Date of Birth	Primary Phone	
Parent or Caregiver Name (if pediatric referral only)		
Address		
City	State	County
Disease Specific Information (if applicable):		
<input type="checkbox"/> Behavioral Health Condition(s) <input type="checkbox"/> Cardiovascular Disease <input type="checkbox"/> COPD <input type="checkbox"/> Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> HIV/AIDS		

REFERRAL REASON

Care Coordination	Nursing Education	Social Needs	Other
<input type="checkbox"/> Access to Primary Care	<input type="checkbox"/> Hypertension Education	<input type="checkbox"/> Medication Assistance	<input type="checkbox"/> Advanced Care Planning
<input type="checkbox"/> Access to Specialty Care	<input type="checkbox"/> Pre-Diabetes Education	<input type="checkbox"/> Transportation Assistance	<input type="checkbox"/> Parenting Support
<input type="checkbox"/> Pregnancy and Newborn	<input type="checkbox"/> Diabetic Education	<input type="checkbox"/> Food Assistance	<input type="checkbox"/> Child Behavioral Issues
<input type="checkbox"/> Palliative Services	<input type="checkbox"/> High Risk Pregnancy	<input type="checkbox"/> Housing Assistance	<input type="checkbox"/> Mammogram Scheduling
○ Patient aware of referral			

Other:
