

Wellness Support Team by the Complex Case Management Referral Form

Please complete and return via secure email to departmenthealthservices@mnscha.org or fax to (507) 431-6329. If you have any questions completing this form, contact the Manager of Clinical Care at (507) 431-3009 or btoquam@mnscha.org. Thank you for your referral!

Section I – Member Information

Date: _____

Member Name: _____

PMI: _____

Phone Number: _____ Birth date: _____

I would like to refer this member for Wellness Support services.

Have you provided the member with any information regarding Wellness Support Services? Y N

Please provide a brief summary of why you feel this member would benefit from Wellness Support Services:

Section II – Referral source, discharge planners, health information (referrals can be from practitioners information lines, county case managers or care coordinators, Utilization Management (UM) staff, or other sources)

Referring provider name: _____

Facility: _____

Phone number: _____

Email: _____

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