



## For emergencies, call 911 or your local police for a welfare check

Optum Care Network – Idaho

Date of request: \_\_\_\_\_

Person submitting request: \_\_\_\_\_

Organization/program/office: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

PCP name: \_\_\_\_\_ PCP phone: \_\_\_\_\_

Urgent contact needed (within one business day)

### Patient information:

Patient aware of request

Patient name: \_\_\_\_\_

DOB: \_\_\_\_\_ Member/Medicare ID: \_\_\_\_\_

Phone one: \_\_\_\_\_ Phone two: \_\_\_\_\_

Patient address: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Patient's home \_\_\_\_\_

Family's home \_\_\_\_\_

Group home/ALF/LTC:

**\*\*\*If patient is currently in acute setting, planned date of discharge:** \_\_\_\_\_

POA/authorized rep/alternative contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Currently, who is patient's decision-maker? \_\_\_\_\_

### Programs available (choose one or more)

Remote patient monitoring  
(check which box applies below)

CHF  COPD  Diabetes

High-risk care management

Medical behavioral integration

Short term case management

Social work

Kidney resource specialist:

(check which box applies below)

Chronic kidney disease

End stage renal disease

Primary reason for request: \_\_\_\_\_

Additional information regarding patient needs/concerns:

Pertinent medical information (hospitalizations, PMH, diagnoses, etc.)



**Provider referral form for programs**

**Email: [umutah@optum.com](mailto:umutah@optum.com)**

**Fax: 1-844-461-5749**

**Reminder:** send in secured format as document contains confidential PHI