Conversio HEALTH

UMPQUA HEALTH

conversiohealth.com/referrals
720 Aerovista Pl., Suite #D, San Luis Obispo, CA 93401
P. 866-239-3784 | F. 800-977-9255 | TTY. 711-866-239-3784
Monday - Friday, 8:00a.m. - 4:30p.m. PT

Conversio Health Patient Referral Form

Thank you for choosing Conversio Health. Please fill out the referral form below and fax to 1-800-977-9255 or send via secure email to referrals@conversiohealth.com

☐ Chronic Respiratory Disease Management Program

Dx Code: ☐ COPD (J44.9) ☐ Severe persistent asthma, uncomplicated (J45.5) ☐ Other _____

Date Referred:_____ Referred by: _____

Provider Name: _____ ☐ PCP ☐ Pulmonologist ☐ Pediatrician ☐ Other

Provider Telephone: _____Provider Fax:_____

Provider Address: _____

Provider NPI:_____

_____

PATIENT DEMOGRAPHICS:

Patient Primary Language: ☐ English ☐ Spanish ☐ Other (specify): _____

Allergies: ☐ NKDA _____ Smoker ☐ Yes ☐ No

Patient Full Name: _____Patient DOB _____

Guardian Name (if minor): _____ Relationship to patient: _____

Patient Address: _____

City _____ State _____ Zip Code _____

Address/Phone of discharge destination (if different than home address e.g. SNF):

_____

Patient Phone: (Home) _____(Cell) _____

Patient Email Address: _____

Health Plan / Member ID: _____

Recent hospitalization dates: _____

Care Manager/Navigator completing form: _____ Phone or email: _____

Upon receipt of this referral, a Conversio Health Patient Care Coordinator will contact your referred patient to complete the intake process. Please contact us if you have any questions or concerns.

Thank you for choosing Conversio Health!