



Coordination of Healthcare Exchange of Information

Sharing medication and treatment information between physical and behavioral health providers is essential for safe and effective care coordination. Please complete applicable sections of this document to share information regarding your CareSource patient's care and include signed consent for releasing information, as appropriate.

| Patient Information | | | |
|--|-------|-----------------------------|---------------------|
| Member Name: | | Member ID Number: | |
| Date Information Completed: | | Member Date of Birth: | |
| Name of person completing information (print): | | | |
| Title of person completing information: | | | |
| Signature of person completing information: | | | |
| Provider Information | | | |
| Primary Care Provider: | | Behavioral Health Provider: | |
| Address: | | Address: | |
| City | State | ZIP code | City State ZIP code |
| Telephone: () - | Fax: | Telephone: () - | Fax: |

| Reason(s) for Referral/Change in Treatment |
|--|
| |
| |
| |

| Member Active Diagnoses (or attach list) |
|--|
| |
| |

| Member Medications You Prescribe (or attach list) | | |
|---|------|-----------|
| Medication Name | Dose | How Taken |
| | | |
| | | |

| Recent Labs (or attach list) |
|------------------------------|
| |
| |

| Most Recent Hospitalizations Past Year <input type="checkbox"/> check here if none in past year | |
|---|----------------------|
| Hospital | Reason for admission |
| | |
| | |

Adherence to Medications:

Most of the time Half of the time Less than half Never No information

Adherence to Appointments

Most of the time Half of the time Less than half Never No information

Response to Treatment:

Improving with treatment Stable with treatment Not improving No information