



### Health Care Provider Referral Form: Depression Care Management Program

The Depression Care Management Program is designed for patients with major depressive disorder. The program provides coaching and support by care management staff to help improve your patient's adherence to treatment for depression.

To refer your patient to the Depression Care Management Program, simply complete the patient information in the box below. If time permits, please provide additional information in the medical information section. Referrals may be faxed or mailed to: NHP Behavioral Health, 1570 Midway Place, Menasha, WI 54952 Fax: (920) 720-1903

If you would like information on the Depression Care Management Program, please call (920) 720-1340 or (800) 555-3616

#### Patient and Referral Information

The following patient has a current diagnosis of major depressive disorder and should be offered enrollment in the Depression Care Management Program.

Patient name: \_\_\_\_\_ M / F Date of birth: \_\_\_\_\_

Referred by: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Physician name and signature (if required): \_\_\_\_\_

#### Patient Medical Information (optional)

Date of diagnosis: \_\_\_\_\_ Is the patient receiving counseling?  Yes  No

Is the patient currently taking antidepressant medication?

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date started: \_\_\_\_\_

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Has the patient ever been hospitalized for depression in the past?  Yes DC Date: \_\_\_\_\_  No

Does the patient have any co-morbid medical conditions (e.g., diabetes)?  No  Yes

If "Yes," please list: \_\_\_\_\_

Does the patient have any co-occurring mental health conditions?  No  Yes *Please check all that apply:*

- Alcohol dependence
- Anxiety disorder
- Bipolar disorder
- Obsessive-compulsive disorder
- Panic disorder
- Other \_\_\_\_\_
- Phobias
- Post-traumatic stress disorder
- Schizophrenia
- Social phobia
- Substance dependence

**Thank you for referring your patient to the Depression Care Management Program.**

