



### East Hawaii IPA- Primary Care Provider (PCP) Referral Form

Date of Referral: \_\_\_\_\_

PCP Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member ID# \_\_\_\_\_ DOB: \_\_\_\_\_

Language: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Type of Coverage:  QUEST  Commercial (HMO, PPO, FED87)  Akamai Advantage  FEP  Essential Advantage

**PCP Request(s)**

- 1)  **PCP Decision Support:** Request a telephone consultation with a **Beacon psychiatrist** to provide decision support related to member diagnostic and medication clarification or other clinical decision supports.  
*Phone: 808-695-7726 OR Fax: 808-695-7799*
- 2)  **Referral for Outpatient Behavioral Health Services:** Refer members for therapy or other behavioral health services via HMSA's network of providers when their needs are outside the PCP scope of practice.  
*Phone: 808-695-7726 OR Fax: 808-695-7799*

OR

**Referral for Beacon Care Management:** Beacon's behavioral health care coordination services to help link members to mental health providers, support their transition between levels of care, or engage members with history of non-compliance and link them to community support services.

For exchange of information back to the PCP, include signed member Consent to Release of Information.  
*Fax: 808-695-7799*

**Request Reason** (check all that apply):

- Depression
- Anxiety
- Poor self-care due to mental health
- Isolation
- Delusional
- Auditory/Visual hallucinations
- Trauma
- Violence/Abuse
- Cognitively Impaired (or cognitive impairment)
- Substance use type: \_\_\_\_\_
- Other BH Diagnosis

Other BH symptoms: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Medications (list below or send medication list with this form):  
\_\_\_\_\_

Other known barriers to member adherence to medical care: \_\_\_\_\_  
\_\_\_\_\_

**Motivation for Services** (check all that apply):

- Member (or guardian) has been informed of referral to Beacon Health Options
- Member wants services for self (or dependent)
- If applicable, Patient has completed a PHQ-4. Score \_\_\_\_\_