



## Sample Referral & Authorization Form (SPC 0000)

Member Information				
Name (Last First, MI) <b>Smith, John M</b>	Date of Birth <b>08-22-1966</b>	Phone Number <b>Business (608) 555-6796</b>		
Address <b>1234 Any Street, Eau Claire WI 54701</b>				
Pets in Home: <b>Small Dog (Rusty)</b>		Others in Home:		
Smoker in Home: <input type="checkbox"/> Yes <input type="checkbox"/> No		Lives in CBRF		
Allergies (list): <b>Penicillin</b>				
Emergency Contact Name (Last, First, MI) <b>Smith, James</b> <b>Smith, Gail</b>	Phone: <b>Home: (608) 555-6774</b> <b>Smith, Gail</b>	Guardian/Activated Power of Attorney For Healthcare Name (Last, First, MI) <b>POAH: Smith, Gail</b>	Phone: <b>Home: (608) 555-6774</b>	
Clinical Information				
Hospital of Choice: <b>Example Hospital Name</b>	Primary Physician: <b>Dr. Smith</b>	Psychiatrist: <b>Dr. Jones</b>		
Related Diagnosis/Symptoms: <b>Example Text</b>				
Additional Information (Special Instructions/Safety): <b>Example Text</b>				
Authorization Information				
Date of Referral <b>05/05/2017</b>	<input type="checkbox"/> New Referral <input type="checkbox"/> Updated Referral			
Vendor Number <b>123456</b>	Provider Name <b>Example Provider Name</b>	Authorization Comments: <b>Example authorization comments</b>		
SPC	Service Start Date	Service End Date	Units	Frequency
000.00 Service Description	MM/DD/YYYY	MM/DD/YYYY	1	Monthly
000.01 Service Description	MM/DD/YYYY	MM/DD/YYYY	2	Weekly
000.02 Service Description	MM/DD/YYYY	MM/DD/YYYY	3	Yearly
Inclusa Community Resource Coordinator Name (Last, First) <b>Smith, Judy</b>	Phone <b>(715)555-1234</b>	Inclusa Health & Wellness Coordinator Name (Last, First) <b>Smith, Jane</b>	Phone <b>(715)555-1234</b>	
Reason For Referral (Identified Goal/Outcome):		<input type="text" value="Example Text"/>		
Referral Comments (Special Instructions/Safety):		<input type="text" value="Example Text"/>		
Referral Specific Information				
<b>Information specific to a referral or service type will be placed here.</b>				
<input type="checkbox"/> Special instructions for providers or staff may be located under Referral Specific Information.				
<input type="checkbox"/> Referral information will differ based on the type of service authorized, and can be customized to fit the needs of each situation.				
<input type="checkbox"/> Sample Field: <input type="text" value="Inclusa staff has the ability to enter free text for specific information"/>				