Safe Transitions Program
Post-discharge in-home medication reconciliation
Referral form

Today's date: _____

*Member's full name:	*Date of birth:
Member's preferred phone number:	
*Your name:	
*Your contact information:	
*Date of referral:	

* Required fields

Initial screening: Please check all boxes that apply to member/participant

- ☐ Arthritis
- ☐ Asthma
- ☐ COPD
- ☐ Diabetes
- ☐ Dyslipidemia
- ☐ Renal disease
- ☐ Uncontrolled pain
- ☐ Other: list below.
- ☐ Heart failure or CHF
- ☐ Hypertension
- ☐ Depression
- ☐ Bipolar disorder/Schizophrenia
- ☐ Nausea/vomiting
- ☐ GERD
- ☐ Substance use disorder

Number of chronic medications: (please attach medication list if available).

Reasons for referral: Please check all applicable boxes.

- ☐ Medication reconciliation due to recent discharge from acute care, rehabilitation or skilled nursing facility with medication changes
- ☐ Nonadherence to prescribed medications
- ☐ Health literacy need with regard to medications and chronic conditions
- ☐ Unresolved symptoms related to chronic condition(s)
- ☐ Concerns regarding side effects of medications
- ☐ Member feels he/she is taking too many medications
- ☐ Two or more hospitalizations and/or ER visits within the previous 12 months
- ☐ Polypharmacy: 10 or more prescription/OTC medications (attach medication list)
- ☐ Financial issues pertaining to prescriptions

Thank you for your referral.
Please fax this completed form to 1-508-791-5101.

If you have any questions, please call the Fallon Health Safe Transitions Program at 1-508-368-9689, Monday through Friday from 8:30 a.m. to 5:00 p.m.