



**Gold Coast
Health Plan**SM
A Public Entity

DISEASE MANAGEMENT PROGRAM FOR DIABETES PROVIDER REFERRAL FORM

MEMBER INFORMATION

Member's Full Name

Member's Date of Birth

Member's Preferred Phone Number

Member's CIN Number

REFERRAL INFORMATION

Your Name

Your Contact Information

Date of Referral

CHECK ALL BOXES THAT APPLY

- Newly diagnosed with diabetes or pre-diabetes
- HbA1c greater than 8.0
- Hypertensive Uncontrolled
- Hypertensive Non-compliant

Member has needs related to:

- Education about the disease
- Self-management
- Medication adherence

COMMENTS

Thank you for your referral. Please send the completed form via fax at 1-855-883-1552 or email at DM@goldchp.org
If you have any questions, please call the Disease Management department at 1-805-437-5694