Clear Spring Health

eCare Referral Intake Form

Referral Date	Referring Provider (First Name, Last Name)	
Member Name	Member DOB	Member ID

Provider Designation of Member Vital Sign Parameters

Please let us know the expected parameters for your patient based on diagnosis and what actions to take when member reaches emergent parameters.

Weight Gain	‹2-3 lbs. in a 24-hour period ‹5 lbs. in a week Other:	**Weight Frequency:**	Daily Twice / wk. Three times / wk. Weekly Other:
Blood Pressure: Systolic	‹120 mmHg Other: mmHg	**BP Frequency:**	Daily Twice / wk. Three times / wk. Weekly Other:
Blood Pressure: Diastolic	‹80 mmHg Other: mmHg		
Oxygen Saturation (Sp02)	›95% Other:	**Sp02 Frequency:**	Daily Twice / wk. Three times / wk. Weekly Other:
Blood Glucose	70-180 mm/dL Other:	**Blood Glucose Frequency:**	Daily Twice / wk. Three times / wk. Weekly Other:

Provider Designation - Emergent Parameters

Blood Pressure	›180/120 mmHg ‹90/60 mmHg Other:	**Action:**	Notify PCP Call 911 or Both
Blood Pressure	›240 mm/dL ‹70 mm/dL Other:	**Action:**	Notify PCP Call 911 or Both

Additional Provider Orders

If there are additional comments or concerns regarding this patient's care, please feel free to note them below:

Please share your office point of contact and the preferred method of receiving communications and alerts from us. You will be receiving a maximum of one report daily if any of your participating patients have out-of-range vital signs.

Mode of Communication	
Point of Contact:	
Phone	
E-mail	
Fax	

By signing this form, you are providing the eCare Home Monitoring Department staff with the vital sign parameters necessary to manage the care of your patient under the eCare Home Monitoring Program. These parameters would be taken as orders to ensure clear communication between the provider and the eCare staff.

Provider Signature **Date Signed**

Please return completed form to the eCare Home Monitoring Department via fax at **781-207-0442** or via email at ecarehomemonitoring@clearspringhealthcare.com.

**Please Note - this form is able to be filled in, signed and securely submitted to Clear Spring Health. However, due to browser compatibility, that functionality is not available within pdf browser view. Please download the pdf to your local machine and then fill out to access submission functionality.*