Physician Referral and Order Form
Phoenix One Health Solutions & NextGen RPM

Patient Name *Printed*			
Patient Date of Birth		Patient Height	
Patient ICD-10 Codes			

Chronic Medical Conditions:

- o Alzheimer's Disease and Related Dementia
- o Arthritis (Osteoarthritis and Rheumatoid)
- o Arrhythmia (unspecified)
- o Asthma
- o Atrial Fibrillation/Flutter
- o Autism Spectrum Disorders
- o Cancer
- o Cardiomyopathy
- o Chronic Bronchitis
- o Chronic Kidney Disease
- o Chronic Obstructive Pulmonary Disease
- o Chronic Pain
- o Coronary Artery Disease
- o Depression
- o Diabetes Mellitus
- o Heart Failure
- o Hypertension
- o Hyperlipidemia
- o Ischemic Heart Disease
- o Myocardial Infarction
- o Obesity
- o Osteoporosis.
- o Pacemaker/ICD Placement
- o Peripheral Arterial or Vascular Disease
- o Psychiatric Disorder
- o Sleep Apnea
- o Smoker
- o Stroke
- o Other ______________________________

Physician Orders for Surveillance and Treatment Plan Include:

Chronic Care Management Testing

- ✓ Heart Rate Variability (RM3A/ABI)
- ✓ Medication Adherence and Education
- ✓ Health Coaching
- ✓ Biometric and Symptom Monitoring

- Remote Patient Monitoring (check all that apply)
  - o Weight
  - o Blood Pressure
  - o Heart Rate
  - o SpO2
  - o Blood Glucose
  - o Physical Activity
- Telemedicine
  - ✓ Exercise Counseling (as needed)
  - ✓ Nutritional Counseling (as needed)
  - ✓ Video Face-to-Face MD appointments (as needed)

Testing and Biometric monitoring necessity will be based on each patient's diagnoses and individual treatment plan.

Please send most recent History and Physical or Office Consultation.

I am aware that, as the referring Physician, I remain in charge of the patient's healthcare and will be contacted concerning patient progress in the program. I am referring the above patient to participate in the Phoenix One Health Solutions services at:

Phoenix One Health Solutions
1701 North Northwest Hwy, Grapevine Texas 76051
Phone (817) 865-3570 Fax (817) 865-3510

Referring Physician *Printed*			
Physician Signature			
Physician NPI		Date	