

Attention Primary Care Providers!

As you are aware, you are participating in a COPD pilot initiative for Carolina ACCESS II Medicaid. In order to help you better manage your COPD clients, I will be available to provide education and case management to newly diagnosed clients, as well as clients with an existing diagnosis of COPD. When you identify a newly diagnosed COPD client, please take a moment to complete this referral form.

Name:

Date of birth:

Date of COPD diagnosis:

Date of spirometry and staging:

Does patient currently smoke? ___yes ___no

Is the patient a former smoker? ___yes ___no

Patient contact information:

Address:

Phone number:

Please fax referral form to: 704-669-3113, or I will pick it up when I visit the office. Thank you for your help!

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