



Traumatic Brain Injury (TBI) Program Referral Form



Directions: This form is to be completed when making a referral to TriWest's TBI Program. Please provide all requested information and write clearly. Fax the completed form to: (866) 269-5758.

NOTES: All items marked with an asterisk (*) are required. **ADSM** = active duty service member

Patient Information (please print)			
*ADSM Last Name:	*ADSM First Name:		
*Home Address:			
*ADSM Contact Phone:	Other Phone:		
ADSM e-mail address:	*Sponsor SSN:		
*Family member/Significant other/Friend name, phone number and/or e-mail address:			
Type of TBI:	Mild <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Nature / Cause of TBI:			
Date TBI occurred:	Number of TBI events:		
Other injuries and/or comorbidities related to TBI:			
Is there a Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) in process?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated MEB/PEB date:			

Referral Source Contact Information (please print)
*Your name:
*Your name and phone number:
Your e-mail address:
Case Manager name, phone number and/or e-mail address, if applicable:

Referral Source: Please check one box.			
Non-TriWest		TriWest	
<input type="checkbox"/> Self / Patient	<input type="checkbox"/> Primary Care Manager	<input type="checkbox"/> Disease/Condition Mgmt	<input type="checkbox"/> Medical Director
<input type="checkbox"/> Civilian Provider	<input type="checkbox"/> Military Treatment Facility	<input type="checkbox"/> Utilization Mgmt	<input type="checkbox"/> Case Mgmt
<input type="checkbox"/> Family Member	<input type="checkbox"/> Veterans Affairs	<input type="checkbox"/> Behavioral Health	<input type="checkbox"/> TSC-CLN
<input type="checkbox"/> Congressional			

Please fax completed form to:
 TriWest Healthcare Alliance Case Management - TBI Program
1-866-269-5758

Note: HIPAA authorization requirements do not apply to protected information used for treatment, payment, or health care operations including medical records requested for the provision of health care services. Privacy Act Statement – This information is protected under the Privacy Act of 1974 and shall be handled as “for official use only.” Violations of this may be punishable by fines, imprisonment, or both.