



Seton Total Health

1400 N. IH-35, Suite C2.450
Austin, TX 78701

5555 N. Lamar Blvd, Suite E-125
Austin, TX 78751

Phone: (512) 324-2273

Fax: (512) 324-7471

Referral Form

Referral From:	
Date of Referral:	
Contact Number (referrer):	

Patient Name:	
MRN:	
DOB:	
Language:	
Current Location (if inpatient):	
Contact Number (if outpatient):	
Chronic Disease(s)/Serious Injury:	

Enrollment Criteria

1. ED/hospital visit at a Travis County Seton facility April 1st, 2015 or after
2. At least 18 years of age
3. Travis County resident
4. Funding: MAP, Medicaid, Traditional Medicare, ACA, Seton Care Plus, CCHC, or no funding/self-pay
5. Diagnosed with a chronic disease and/or serious injury

Exclusion Criteria

1. High Alert 1 or 2 in Seton High Alert system (history of violence toward caregivers/others)
2. Commercial insurance (Managed Medicare, VA benefits/Tricare, etc.)
3. Inability to engage in care plan due to active ETOH/drug use, primary psychiatric diagnosis, or cognitive impairment
4. Chronic pain management, compassionate dialysis, or hospice involvement
5. Pregnancy (by physician-to-physician referral only)

Thank you for this referral. Please email this form to totalhealth@seton.org or fax to (512) 324-7471.

(revised 4/27/16 LH)