



Anchor Point Medical Group  
9935 Rea Rd Unit 457, Charlotte, NC 28277  
Phone: 704-885-1702 | Fax: 704-900-0850

## Telehealth Transitional Care Referral Form

Post-Discharge & Post-Acute Follow-Up | 100% Telehealth

### 1. Referring Facility Information

Facility Name: \_\_\_\_\_  
Department / Unit: \_\_\_\_\_  
Referring Contact Name & Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Secure Email/Fax: \_\_\_\_\_

### 2. Patient Information

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Preferred Language: \_\_\_\_\_  
State:  NC  SC  WV  ME

### 3. Discharge Information

Discharge Date: \_\_\_\_\_  
Setting:  Hospital  ED/Urgent Care  SNF/Rehab  Clinic  
Primary Diagnosis / Reason: \_\_\_\_\_

### 4. Follow-Up Request

Timeline:  Urgent (<48 hrs)  72 hrs  Routine  
 Medication reconciliation  
 Symptom monitoring

Lab/imaging review

Care coordination

No PCP/delayed follow-up

Required Attachments: Discharge Summary + Medication List

## 5. Insurance & Consent

Insurance: \_\_\_\_\_ Member ID: \_\_\_\_\_

Self-Pay / Uninsured

Consent confirmed:  Yes

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Disclaimer: This telehealth service does NOT provide emergency care. Call 911 or go to the nearest emergency department for urgent symptoms.