



PrimeWest HEALTH™

Your *greater* Minnesota health plan



**3905 Dakota St
Alexandria, MN 56308**



primewest.org



PrimeWest Health Community Health Worker (CHW) Referral Form

Please complete and return this form via secure email to **caremanagement@primewest.org** or via fax to **1-320-762-5967**. If you have any questions, email **caremanagement@primewest.org**.

Section I – Member information

Date form submitted

Member name	PMI
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Phone number Birth date

Please provide a brief summary of why you feel this member would benefit from working with a PrimeWest Health CHW.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface.

Section II – Contact information of person submitting referral

Name(s)

Facility	Phone number
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Email