



## Arkansas Referral Form

**Overview:** In order for you to continue to get your Testosterone prescribed through telehealth, as per Arkansas law, we need an in-person provider to refer you to FOLX for continuation of GAHT treatment.

**Background:** Arkansas Regulations [060-00-16 Ark. Code R. § 5 and Ark. Code R. 007.34.20-003](#) describe the requirement of referral from an in-person provider prior to the prescription of controlled substances (like testosterone) through telehealth.

**What's included:** This document contains two important sections

1. Instructions for how to complete your referral
2. A referral form to be filled out by a referring in-person provider

### Instructions

1. Schedule a visit with your local clinician or with one of the locations provided to you by FOLX
  - a. Once you book your FOLX virtual appointment, our Care Navigators will contact you with a list of affirming clinicians in your area to choose from
  - b. If you do not have access to a local provider via an established relationship, or the locations we suggested won't work for you, we can help! Reach out through our Help Center (<https://support.folxhealth.com/>) for additional questions or requests
2. On the referral form
  - a. Fill out your address
  - b. Fill out your date of birth (DOB)
3. Bring your referral form to your in-person visit with your referring provider
  - a. They should fill out the "In-Person Provider Information" section
4. Take photos of your completed form
  - a. We recommend doing this in your referring provider's office just in case you lose the paper copies
5. Upload the images of your referral form through the Messaging Center
  - a. Instructions on how to do this are available in the Messaging Center at [support.folxhealth.com](https://support.folxhealth.com)
6. Hold onto the paper copy of the signed referral form from your in-person visit just in case

### Please Note:

- *If you already have an established local provider, they may not require that you attend a visit to complete your referral form. Please contact your established local provider for instructions on how you can submit the referral form for them to complete and fax to FOLX at **833-449-4242**.*



**Arkansas Referral Form**

**FOLX Health FAX: 833-449-4242**

**Patient information (patient fills out this section)**

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Patient Address: \_\_\_\_\_

**In-person Provider information (in-person clinician fills out this section):**

**Background:** Arkansas Regulation [Ark. Code R. 007.34.20-003](#) and [Ark. Code R. 060-00-16-005](#), state the following,

**[Ark. Code R. 007.34.20-003](#)**

An APRN using telemedicine may NOT issue a prescription for any controlled substances defined as any scheduled medication under schedules III through V and only hydrocodone combination products which were reclassified from Schedule III to Schedule II as of October 6, 2014 unless the APRN has seen the patient for an in-person exam or **unless a relationship exists through consultation or referral**; or on-call or cross-coverage situations.

**[Ark. Code R. 060-00-16-005](#)**

A physician using telemedicine may NOT issue a prescription for any controlled substances defined as any scheduled medication under schedules II through V unless the physician has seen the patient for an in-person exam or **unless a relationship exists through consultation or referral**; on-call or cross-coverage situations; or through an ongoing personal or professional relationship.

**Instructions:** Please fill in all information below. If you are conducting an in-person evaluation with the patient at this time, document the visit in your EMR. Make a copy of this form for your records, and hand the original referral form back to the patient. The patient will then upload this form to their HIPAA-compliant EMR portal.

Clinician Name/credentials: \_\_\_\_\_

NPI #: \_\_\_\_\_

Office address: \_\_\_\_\_

**In-person visit attestation:**

I have met with the above patient in my office. I am referring them back to their telehealth clinician (details above) for continuation of care through telehealth.

Signature of in-person clinician: \_\_\_\_\_

Date of **last** in-person visit (today's date if visit is today): \_\_\_\_\_