



Minnesota Referral Form

Overview: In order for you to continue to get your Testosterone prescribed through telehealth, as per Minnesota law, we need you to have a visit with an in-person clinician who can perform an in-person evaluation and then refer you back to FOLX for continuation of GAHT treatment.

Background: These requirements are due to the Minnesota Statutes § 151.37, subdivision 2(d)/2(e), referring to the requirements of in-person examination 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 with 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
6. Hold onto the paper copy of the signed referral form from your in-person visit just in case



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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: Minnesota Statutes § 151.37, subdivision 2(d)/2(e), states the following

(d) A prescription drug order for the following drugs is not valid, unless it can be established that the prescription drug order was based on a documented patient evaluation, including an examination, adequate to establish a diagnosis and identify underlying conditions and contraindications to treatment:

(1) controlled substance drugs listed in section 152.02, subdivisions 3 to 5;

(e) For the purposes of paragraph (d), the requirement for an examination shall be met if:

(1) an in-person examination has been completed in the following circumstances:

(iv) a consulting practitioner to whom the prescribing practitioner has referred the patient has examined the patient

Instructions: Please conduct an in-person evaluation and 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. Your office can also FAX a copy of this form to FOLX Health with the fax number provided above.

Clinician Name/credentials: _____

NPI #: _____

Office address: _____

In-person visit attestation:

I met with the above patient in my office, reviewed their medical history and performed an in-person examination. The in-person examination was adequate to establish a diagnosis and identify underlying conditions and contraindications to treatment. Following this in-person examination, I am referring them back to their telehealth clinician (details above) for continuation of care through telehealth. Full documentation of today's visit can be found in the visit summary on the patient's chart.

Signature of in-person clinician: _____

Date of in-person visit: _____