



Demographics

Patient name: \_\_\_\_\_ Member ID number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contact information

Name of parent/guardian: \_\_\_\_\_

Home phone number: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Work phone number: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Cell phone number: ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Primary language:  English  Spanish  Other \_\_\_\_\_

Reason for referral: \_\_\_\_\_

Case Management

- Asthma
 Behavioral Health Case Management
 Complex Case Management
 Diabetes
 Maternity/Women's Health Case Management
 Education Classes: Childbirth Education, Safe Sleep, Car Seat, Infant Care, or Becoming a Mom
 One-on-one telephonic health coaching to member and/or caregiver
 Referral for SSI
 Smoking Cessation to caregivers of severe asthmatics in Case Management and caregivers of NICU babies
 Weight management

Comments: \_\_\_\_\_

Care Coordination

- Coordinate follow-up appointments
 Health coaching
 Missed appointment to: \_\_\_\_\_
 Non-compliance with: \_\_\_\_\_

Please contact me (person making referral)

- Routine contact:
Name: \_\_\_\_\_
Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
 Call office after family contact:
Name: \_\_\_\_\_
Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_
 Immediately for clarification:
Name: \_\_\_\_\_
Phone ( \_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

General

- Find specialist: \_\_\_\_\_
 Basic needs: \_\_\_\_\_
 Help coordinate care with: \_\_\_\_\_
 Community resources referral: \_\_\_\_\_
 Needs services: \_\_\_\_\_
 Social issues: \_\_\_\_\_
 Needs information on: \_\_\_\_\_
 Other: \_\_\_\_\_