

REFERRAL FOR CARE COORDINATION

CHR: 111111111

Patient Name: ROSE, RED
County: Chilton **Area:** PHA08
Employee: Dale, Wendy
Program: Patient 1st Children
Date: 02/01/2011

Patient Information

Referral Date: 02/01/2011
Address: 1414 Love Drive Parent/Guardian: PINK ROSE
Clanton, AL 35045
Patient (205) 555-7777 Parent/Guardian same
Telephone #: Recipient DOB: 02/15/2004
Medicaid #:

Referring Provider

REFERRAL SOURCE

Referred By: County HD Staff
Name:
Address: City:
State: AL Zip:
Telephone #: County of Referring Provider:
Fax #:

Reason

REASON FOR REFERRAL

Specify Medical Condition
No Identified Medical Condition
(Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Assist with/monitor medical compliance | <input type="checkbox"/> Specialty Referral Coordination | <input type="checkbox"/> TeleHealth |
| <input type="checkbox"/> Education Regarding Disease/Condition | <input type="checkbox"/> EPSDT/Immunization | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Community Resource/Education Referral | <input type="checkbox"/> Child Health Needs Assessment | <input type="checkbox"/> Home Health |
| <input type="checkbox"/> Pregnancy Prevention/STD Education | <input type="checkbox"/> Health Insurance Assistance | <input type="checkbox"/> Patient Discharged from PMP |
| <input type="checkbox"/> Parenting Issues | <input type="checkbox"/> Doctor Consultation/Coordination | <input type="checkbox"/> Dental -1st Look |
| <input type="checkbox"/> Missed Appointments | <input type="checkbox"/> Domestic Violence/Sexual Coercion Issues | <input checked="" type="checkbox"/> ASQ-3 Referral |
| <input type="checkbox"/> Frequent ER Visits | <input type="checkbox"/> Suspect Abuse/Neglect | |

Psychosocial/Additional Information

ADDITIONAL INFORMATION (optional)

Care Coordinator

CARE COORDINATOR

Care Coordinator: Wendy Dale, LGSW

Telephone:

(334) 206-2943

If patient is referred by a doctor, dentist, ADPH Central Office or Medicaid, a written Report to Provider is required. Please include in report the date of assessment, summary of relevant services provided and/or planned.