

## REFERRAL FOR CARE COORDINATION

CHR: 111111111

Patient Name: ROSE, RED

SSN: 102-03-0405

County: Chilton

Area: PHA08

Employee

Employee: Dale, Wendy

Program

Program: Patient 1st Children

Date: 02/01/2011 16

Patient Information | Referring Provider | Reason | Psychosocial/Additional Information | Care Coordinator

### REASON FOR REFERRAL

Specify Medical Condition

Medical Conditions

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                    |  |

AUTHORS Wendy Dale/FHS/ADPH

Wendy Dale created this document on: 01/31/2011 07:24:25 AM