

Care Management Referral Form



DIRECTIONS:

For Medi-Cal members, email the completed form to CASHP.ACM.CMA@healthnet.com in a HIPAA-secure, encrypted manner or fax it to **1-866-581-0540** with a fax cover sheet to hide any protected health information (PHI).

Part 1: Referring Source

First and last name:		Referral date:
Office contact person:	Phone number:	Fax number:

Part 2: Member Information

Member first and last name:	Member ID#:	Date of birth:
Member address:	City:	ZIP code:
Member phone number:		

Member Diagnosis/Health Condition (check all that apply):

<input type="checkbox"/> Asthma <input type="checkbox"/> Back pain <input type="checkbox"/> Behavioral health <input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Autism <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> COPD <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Hemophilia <input type="checkbox"/> Cancer	<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Hypertension <input type="checkbox"/> Kidney disease <input type="checkbox"/> Obesity-weight management <input type="checkbox"/> High-risk pregnancy Estimated date of delivery (EDD): __/__/__ <input type="checkbox"/> Prematurity and/or developmental delays <input type="checkbox"/> Sickle cell disease <input type="checkbox"/> Hepatitis <input type="checkbox"/> Transplant <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Other: _____
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Please check if any of the following referral reasons apply to the member:

- Member needs prenatal care education and support services.
- Member needs disease management/health coaching for his/her illness or condition.
- Member needs referral for: housing/shelter, food, other (specify) _____.
- Member needs education on prescriptions and compliance.
- Concerned about high emergency room utilization or frequent hospitalizations.
- Member needs transportation to medical appointments.
- Member needs assistance with medical equipment.
- Member needs assistance with behavioral health services.
- Safety concerns.
- Other (specify) _____