

Case Management Referral Form



Patient Name: _____ DOB: ____/____/____

Patient Contact Information: _____

Reason for Referral: _____

Chronic Condition(s): _____

Referred By: _____ Association: _____
(Hospital name & department or physician office name)

Where Can the Care Team Assist?

Understanding of Medical Condition

- Empowerment on how to navigate the healthcare system
- Disease management
 - Education
 - Disease / condition
 - Medications
 - Reinforcement of treatment plan
 - Non-compliant with treatment
- Urgent care vs. emergency room education
- Nutritional counseling
- Symptom management issues
- End of life issues (SIM)
- Assist with medical decision making process and/or advance care planning

Improving Self-Care Practices

- Goal setting
- Evaluate home safety
- Provide tools for self-management skills
- Educate on symptom identification to manage medical conditions

Financial and Social Support

(for member, family, support network)

- Financial
 - Financial / benefit issues
 - Consider various financial waiver programs
 - Rx (Pharmaceutical company waivers)
 - Gas and electric companies
 - Rental / eviction assistance
- Housing resources
- Attendant care resources - (Assistance with Activities of Daily Living - Bathing / Feeding / Toileting)
- Social
 - In need of respite care
 - Connect to local support groups (patient or family)

Financial and Social Support cont'd

- Refer to community-based programs
 - Meals on Wheels
 - Caregiver services
 - Chore assistance

Access Challenges

- Provider access
 - Needs specialist referral
 - Needs tertiary referral
 - No PCP assigned
 - Needs second opinion
 - In Home Medical Management
 - Assist with follow-up appointments
 - Needs pain management referral
- Home health
- Pain management
- DME assistance
- Transportation challenges

Behavioral Health Issues

- Assist with contracted BH provider network
- Assist with referrals to BH provider
- Referral to online self-management tool

Medication Questions

- Medication education
- Member is non-adherent
- Help with managing medication side effects
- Pharmacy physician consultation
- Polypharmacy (>10 medications)
- High-risk medication counseling

Other _____

To make a referral, fax this request to (877) 710-3330.