

# Case Management Referral Form



Patient Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Patient HP ID # \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Reason for Referral: \_\_\_\_\_

Chronic Condition(s): \_\_\_\_\_

## Where Can the Care Team Assist?

### Understanding of Medical Condition

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

### Improving Self-Care Practices

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

### Financial and Social Support

(for member, family, support network)

- Financial
  - 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)
- Community Health Programs
- Wellness Organization
- Social
  - In need of respite care
  - Connect to local support groups (patient or family)
- Refer to community-based programs
  - Meals on Wheels
  - Caregiver services

### Access Challenges

- Provider access
  - Needs specialist referral
  - Needs tertiary referral
  - No PCP assigned
  - In Home Medical Management
  - Assist with follow-up appointments
- Home health
- DME assistance
- Palliative Care
- Transportation

### Behavioral Health Issues

- Assist with contracted BH provider network
- Assist with referrals to BH provider

### 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 \_\_\_\_\_

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To make a referral, fax to (877) 710-3330, email to [CareManagement@hpmg.com](mailto:CareManagement@hpmg.com), call (855) 726-4764 or use HillChart or HillLink.