HealthCare Partners, IPA
HealthCare Partners, MSO

Case Management Referral

Date: ______________

PATIENT INFORMATION

Last Name: ____________________________ First Name: ______________________________

ID#: ________________________ DOB: _______________ Gender: ☐ M ☐ F

Primary phone number: ______________________ Cell phone number: ______________________

E-mail Address: __________________________________

Language(s) spoken/member cognition/cultural preference if any that could influence intervention:

____

Region: ☐Bronx ☐Brooklyn ☐Manhattan ☐Nassau ☐Queens ☐Staten Island ☐Suffolk ☐Westchester

HEALTH CARE PROXY/GUARDIAN OR POA APPOINTED NAME

Name:____

Phone number: _________________ E-mail: ______________________ Relationship: ______________

NAME OF REFERRAL SOURCE/PROVIDER

Name: ____

Phone number: ________________________ Fax number: ________________________

E-mail: ____

MEDICAL DIAGNOSIS:

☐ Asthma ☐ Diabetes ☐ Heart Disease/CHF ☐ Overweight/Underweight ☐ HIV/AIDS

☐ Hypertension ☐ Other: ____

____

PRIMARY REASON(S) FOR CASE MANAGEMENT INTERVENTION

(check all that are being requested)

☐ Support to manage Chronic Disease ☐ Social and Environmental Assessment ☐ Health Illiteracy

☐ Medication Adherence ☐ Mobility (transfer/ambulation) ☐ Caregiver fatigue

☐ Cognitive impairment concerns ☐ Not managing Activities of Daily Living ☐ Falling at home

☐ Risk for Readmission ☐ Other (specify): ____

____

____

Please provide any additional details below:

Print and Fax this completed form to HCP at: (516) 394-5642 or email CMRef@hcpipa.com

IMPORTANT NOTICE: This message, together with any attachment(s), is intended only for the use of the individual or entity to which it is addressed. It may contain information that is confidential and prohibited from disclosure. If you are not the intended recipient, you are hereby notified that any dissemination or copying of this message or any attachment is strictly prohibited. If you have received this in error, please notify the original sender immediately by telephone or by return fax and discard this message along with any attachment(s).