PUBLIC HEALTH NURSING CASE MANAGEMENT SERVICES REFERRAL FORM

FAX TO: 831-796-8511

Internal Use Only

MRN#: _____

Date: _____

Assigned to (**X** one)

Nurse ____ RD ____

Initials/Date: _____

REFERRED BY

Name: _____ Agency: _____

Date: _____ Phone: _____ Fax: _____

CLIENT INFORMATION

Name: _____ DOB: _____ Gender: ___ Male ___ Female

Address: _____City: _____ Zip Code: _____

Parent's Name (if client under age 18) _____

Primary Language: _____ Phone: _____ Message: _____

Medi-Cal #: _____ CIN or SSN: _____

Primary Diagnoses & Reason for Referral: _____

_____

_____ Has Patient/Client Been Informed of Referral? ___ Yes ___ No

REFERRAL CATEGORY

Maternal and Child Health (check one category for **MCH** referral type)

___ Medically Fragile Infant ____ Infant Growth & Development ____ High Risk Pregnancy

___ First Time Mom ____ Perinatal Depression ____ Pregnant or Parenting Teen

Child or Adult at Risk of Medical Compromise (check one category for **Medical Compromise** referral type)

___ Child (under age 21) with **1** diagnosis ___ Adult (18 or older) with **two (2) or more** diagnoses

Primary reason patient/client is at risk of medical compromise

__ Failure to take advantage of necessary health care services
__ Noncompliance with prescribed medical regime
__ Unable to coordinate multiple medical and other services
__ Inability to understand medical directions because of comprehension barriers
__ Lack of community support system to assist in appropriate follow-up care at home

For coordination purposes, please check (√) if patient/client is an existing client of: ___ SARC ____ CCS ___ MSSP

Please note that PHN Case Management Services do not include assessing suspected abuse or neglect, providing mental health counseling, parenting training, or substance abuse testing.

Notes to Provider: _____

_____

_____

_____

CASE DISPOSITION: ____ Open to Case Management ____ Denied/Not Eligible ____ I&R Only ____ Client Refused ____ Unable to Contact ____ Moved Out of County

Signature: _____ Date: _____ Phone:_____