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**Montefiore-UBA Health Home Care Management Referral Form**

*Please complete form and fax to 917-962-5674 or email to* *iolan@montefiore.org* *and* *jgallo@montefiore.org*

*You may reach Montefiore UBA at 929-375-3500 for any inquiries regarding referrals.*

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| **Referral Source Information** |
| Date:  | Name:  |
| Phone:  | Email:  |
| **Client Information** |
| Client Name:  | Date of Birth:  |
| Medicaid CIN #  | Contact Number:  |
| Address:  |
| Preferred Language**:**  | [ ]  English-Speaking[ ]  Monolingual Spanish[ ]  Monolingual other  |
| Alternative Contact Person and Number:  |
| **Reason for referral for Health Home Care Management** |
| **Risk Factors**[ ]  Probable risk for adverse events (e.g. death, disability, inpatient or nursing home admission.)[ ]  Inadequate social/family/housing support[ ]  Inadequate connectivity with healthcare system[ ]  Difficulty with adherence to treatments or medication(s)[ ]  Recent release from incarceration, detention, or psychiatric hospitalization | **Care Management Services**[ ]  Requires appointment reminders[ ]  Needs help setting up transportationNeeds assistance with any of the following: [ ]  Medicaid entitlements or other benefits [ ]  Linkage to Community-Based Services [ ]  Support and Coordination Post-Discharge [ ]  Pharmacy Benefits and Coordination[ ]  Health Promotion/Education [ ]  Communication with Health Plan [ ]  Other:  |
| **Does your client have any of the following?** |
| [ ] HIV/AIDS[ ] Serious Mental Illness (SMI) [ ]  Schizophrenia [ ]  Bipolar Disorder [ ]  Obsessive-Compulsive Disorder [ ]  Depressive or Anxiety Disorders [ ]  Personality Disorders [ ]  Other: [ ] Alcohol and Substance-Related Conditions [ ]  Chronic Alcohol Abuse [ ]  Cocaine Abuse [ ]  Drug Abuse-Cannabis/NOS/NCE [ ]  Opioid Abuse  [ ]  Substance Abuse [ ]  Other Significant Drug Abuse:  | [ ] Physical Health Conditions[ ]  Advanced Coronary Artery Disease[ ]  Asthma[ ]  Cerebrovascular Disease[ ]  Chronic Obstructive Pulmonary Disease[ ]  Chronic Renal Failure[ ]  Liver Disease[ ]  Congestive Heart Failure[ ]  Diabetes[ ]  Hypertension[ ]  Peripheral Vascular Disease[ ]  Obesity[ ]  Neurological Disorders or Epilepsy [ ]  Dementing Disease[ ]  Other:  |