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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*](mailto:iolan@montefiore.org) *and* [*jgallo@montefiore.org*](mailto: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 transportation  Needs 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: |