

Our Case Management and Disease Management programs include a set of processes that integrate utilization management, discharge planning, disease state management, advocacy, and education and risk management. **Please complete this Referral form and fax it to (414) 266-1715.**

Section 1 – Referral Source					
Name of Organization:		Contact Person Name:			
Street Address:					
City:		State:		Zip:	
Phone Number:		Fax Number:			
Section 2 – Member Information					
Name (First, M.I., Last):			Member ID:		
Parent / Legal Guardian / Caregiver Name:			Relationship:		
Street Address:					
City:		State:		Zip:	
Phone Number:		Email Address:			
Section 3 – Reason for Referral					
When would you like us to contact member about this referral?		<input type="checkbox"/> Immediately <input type="checkbox"/> Within one week <input type="checkbox"/> Other:			
Is member aware of the referral?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Education and Support Referral For: (please check all that apply):					
<u>Complex Case Management</u>					
<input type="checkbox"/> Severe Physical Trauma Date of trauma: _____ Area of trauma: _____ Level of impairment: _____ Number of days member was hospitalized related to trauma injury (6 or more days): _____		<input type="checkbox"/> Spinal Cord Injury Date of injury: _____ Level of impairment: _____			
<input type="checkbox"/> Pediatric Member 2 or more inpatient stays in the last 6 months and not connected to services		<input type="checkbox"/> Stroke Date of stroke: _____ Level of impairment: _____			
<input type="checkbox"/> Other complex care situations which results in extensive use of resources (i.e. multiple uncontrolled chronic illness or complex medical condition and complex social situation)		<input type="checkbox"/> Polypharmacy 15 or more prescribed medications: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Section 3 – Reason for Referral (cont.) – Please check all that apply.

Conditions

- Alcohol or drug abuse
- Asthma
- Behavioral Health (non-depression)
- Chronic conditions or chronic pain
- Major Depression
- Diabetes
- Neuromuscular condition with major impairment/deterioration

Resources

- Community resources
- High-risk pregnancy / breastfeeding support
- Tobacco cessation

Utilization Management

- Compliance with treatment plan or medications
- Emergency Department over utilization
- Hospital readmissions
- Multiple providers / appointments coordination

Additional Notes

If you have additional questions, please call 414-266-3173