

PO Box 1997 - MS 6280 | Milwaukee, WI53201-1997 Toll-free: 1-844-201-4672 | chorushealthplans.org

Case and Disease Management Referral Form

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.

Referral Source		
Name of organization	Contact Person	
Street Address		
City	State	Zip Code
Phone Number	Fax Number	
: Member Information		
Member Name	Member ID	
Legal Guardian / Caregiver Name	Relationship	
Street Address		
City	State	Zip Code
Phone Number	Email	
Reason for Referral		
When would you like us to contact the member about this referral?		Within one week
Is the member aware of the referral?	Other:	No
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Chorus Community Health Plans complies with Federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability or sex. Si no habla inglés, se programarán servicios de idiomas en forma gratuita. Llame al 1-844-201-4672 (TTY: 7-1-1). Yog hais tias koj tsis txawj hais lus Askiv, peb yuav teem sij hawm muab kev pab txhais lus pub dawb rau koj. Hu rau 1-844-201-4672 (TTY: 7-1-1). Internal Reference: TOG Member Form – Case and Disease Management Referal Form (2020.217)



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Severe Physical Trauma (in past 3 months)	Spinal Cord Injury
Date of trauma:	Date of injury:
Area of trauma:	Level of impairment:
Level of impairment:	
Number of days member was hospitalized	Date of stroke:
related to trauma injury (6 or more days):	Level of impairment:
Pediatric Member	Polypharmacy
2 or more inpatient stays in the last 6 months and not connected to services	12 or more prescribed medications: Yes No
Other complex care situations which result in extension illnesses or complex medical condition and complex medical condition a	ensive use of resources (i.e. multiple uncontrolled chronic plex social situation)
onditions	Utilization Management
Alcohol or drug abuse	Compliance with treatment plan or medications
Asthma	Emergency Department over utilization
Behavioral Health (non-depression)	Hospital readmissions
Chronic conditions or chronic pain	Multiple providers / appointments coordination
Diabetes	
Major Depression	
Neuromuscular condition with	
major impairment/deterioration	Additional Notes
esources	
Community resources	
High-risk pregnancy / breastfeeding support	
Tobacco cessation	
If you have addition	nal questions, please call 414-266-3173.

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