



**CARE COORDINATION REFERRAL FORM**

FAX TO: 792-8441 (O'ahu)/1-800-688-4040 (Neighbor Islands)

Phone: 792-8402 (O'ahu)/1-800-562-6907 (Neighbor Islands)

Use this form to refer your patient to MDX Hawai'i's Care Coordination Programs. Please include any relevant medical records with this form. Please complete all fields and **fax** this form to MDX Hawai'i.

Submitted Date:		Referring Provider Name:	
Phone:	Fax:	Contact Person:	
<b>Member Information</b>			
Member Name: (Last, First M.I.)			
Health Plan ID#:	DOB:	Phone:	
<b>Provider Information (if applicable)</b>			
Primary Care Provider:		Phone:	Fax:
Specialist:		Phone:	Fax:
Behavioral Health Provider:		Phone:	Fax:
Other Provider:		Phone:	Fax:
<b>Reason for Referral to Care Coordination (check "✓" all that apply)</b>			
<p><b>Care Coordination</b></p> <input type="checkbox"/> Two or more inpatient admissions within the last year <input type="checkbox"/> Hospital re-admission within 30 days of discharge <input type="checkbox"/> Two or more ER visits within the last six months <input type="checkbox"/> No PCP within the last year or bedbound patient <input type="checkbox"/> Significant impairment in two or more activities of daily living, particularly when there are inadequate support systems (e.g., trauma, brain injury, burns) <input type="checkbox"/> Needs help with coordination of medical services <input type="checkbox"/> Post Transplant recipient <input type="checkbox"/> New Hemodialysis <input type="checkbox"/> Ala'ō Ho'ōla / High Risk Program <b>Other</b> (please specify) <input type="checkbox"/> _____		<p><b>Disease Management</b></p> <input type="checkbox"/> Congestive Heart Failure (CHF) <input type="checkbox"/> Diabetes <p><b>Diagnoses:</b> (list any pertinent that you would like us to address)</p> <p>Behavioral Health diagnoses:            _____</p> <p>Medical diagnoses:            _____</p> <p><b>Medication Therapy</b></p> <input type="checkbox"/> Medication review by pharmacist.	
<b>Brief Description of Referral Need</b>			
NOTE: Members referred for case management and Ala'ō Ho'ōla services will be reviewed for needs and the member may be reassigned to the most appropriate level of service, if needed.			