

# CHPW Care Management Referral Form

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Urgent

Non Urgent

## Member Information

Member Name \_\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Telephone Number \_\_\_\_\_

CHPW ID or ProviderOne ID:  
\_\_\_\_\_

Preferred Language \_\_\_\_\_

## Referral Source Information

Printed Name of person requesting \_\_\_\_\_

E-mail address \_\_\_\_\_

Printed Name of Referring Provider (if not the same as the Requestor) \_\_\_\_\_

Phone Number ( ) -

Clinic Name of Referring Provider \_\_\_\_\_

Fax Number: ( ) -

TIN or NPI of Referring Provider (optional) \_\_\_\_\_

## Disease Management

Member diagnosed with:

Asthma

CHF

COPD

Depression

Diabetes

Other Chronic Condition: \_\_\_\_\_

## Care Management

**MEDICAL** Member diagnosed with:

Cancer

Caregiver Issues

Complex Medical Conditions

CVA

ESRD/Dialysis

Hemophilia

Other: \_\_\_\_\_

High Healthcare Cost

HIV/AIDS

Multiple Comorbidities

Tracheostomy

Ventilator Dependent

**BEHAVIORAL** Member diagnosed with:

Anxiety disorder

Autism spectrum disorder

Chemical dependency/Substance abuse

Developmental delay

Other: \_\_\_\_\_

Psychosis/Psychiatric disorder

Impulse control disorder

Major depression

Mood disorders

**OB:**

Current gestational age: \_\_\_\_\_ weeks

High risk OB

## Synergy/Multichronic Conditions

(18 years old and up with 1 or more of the behavioral/medical conditions listed below)

Member Diagnosed with:

Asthma

Chronic Back Pain

Chronic Kidney Disease

Congestive Heart Failure

COPD

Coronary Artery Disease

Crohn's Disease

Depression

Diabetes

Epilepsy/Seizures

Hypertension

Migraines

Multiple Sclerosis

Obesity

Osteoarthritis

Parkinson's Disease

Rheumatoid Arthritis

Ulcerative Colitis

## SSI/SSDI Benefits

Assist member with applying for disability benefits through SSI/SSDI

Please send completed form by Fax to: 877-826-6628

Or by email to [CHPWProviderReferrals@healthintegrated.com](mailto:CHPWProviderReferrals@healthintegrated.com) (by secure e-mail)

For telephone referrals, call Care Management: 800-251-4506

Read a list of our [Care Management programs](#).