

Care Management/ Disease Management Referral Form

Case Management Referral Line: (209) 942-6352
Disease Management Referral Line: (888) 318-7526
Social Worker of the Day (SWOD): (209) 942-6395
Department Fax Number: (209) 762-4720

Date: _____



Member Name: _____

DOB: _____

HPSJ ID# _____

Telephone #: _____

Provider Office



Provider Name: _____

Telephone #: _____

Referring person/ _____
department: _____

Reason for referral/ diagnosis (es):

Does the member require additional social services?
(i.e. transportation, housing, access to mental health services)

Yes No

What social services are being requested?

- | | |
|-------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Mental Health/Substance Abuse |
| <input type="checkbox"/> Housing | <input type="checkbox"/> Prenatal Program Information |
| <input type="checkbox"/> Home Care (IHSS asst.) | <input type="checkbox"/> Tobacco Cessation |
| <input type="checkbox"/> Other: _____ | |