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?
☐ Transportation   ☐ Mental Health/Substance Abuse
☐ Housing         ☐ Prenatal Program Information
☐ Home Care (IHSS asst.)   ☐ Tobacco Cessation
☐ Other: ________________________________