ADAMS COUNTY
HEALTH DEPARTMENT
Your Health. Our Mission.

HCP Connecting Kids with Care for Children and Youth with Special Health Care Needs

# ADAMS COUNTY HCP REFERRAL FORM

| SOURCE INFORMATION | | DATE: |
|---|---|---|
| **Individual Completing Form:** | | **Organization & Title:** |
| **Phone:** | **Fax:** | **E-Mail:** |

**Care Coordination Needs:** ☐Community-based Information/Resource ☐HCP Care Coordination

**Reason for Referral:**

**Known Medical Conditions:**

| CLIENT INFORMATION | | |
|---|---|---|
| **Last Name:** | **First:** | **Birth Date:** |
| **Gender:** | **Primary Language:** | **Insurance:** |

| CLIENT'S PHYSICIAN INFORMATION | | |
|---|---|---|
| **Primary Care Provider:** | **Phone:** | **Fax:** |

| FAMILY MEMBER/GUARDIAN HOUSEHOLD INFORMATION | | | |
|---|---|---|---|
| **Last Name:** | | **First:** | |
| **Relationship to Client:** ☐Mother ☐Father ☐Grandparent ☐Legal Guardian ☐Foster-Parent ☐Other: | | | |
| **Primary Language Spoken:** | | **Interpreter Needed:** ☐Yes ☐No | |
| **Mailing Address:** Street: | Apt. #: | City: | Zip Code: |
| County: | Alternate Address: | | |
| **Phone Number (preferred):** ☐Home ☐Cell ☐Work | | **Phone Number (alternate):** ☐Home ☐Cell ☐Work | |
| **E-Mail:** | | **Family Notified of Referral:** ☐Yes ☐No | |

**HCP LOCATIONS:** For additional local public health agency contact info: www.hcpcolorado.org
Adams County HCP: 303-517-0427 (p); HCPReferrals@adcogov.org (secure email)- Anne Brack, RN
Denver HCP: 303-602-6765 (p); 303-436-4798 (f) – Molly Benkert, RN
Jefferson County HCP: 303-239-7006 (p); 303-239-7088 (f)—Laureen Mooney

| **Agency Name:** | **Date Sent:** |
|---|---|

**HCP USE ONLY:**
**Referral Source Follow-up:** ☐**Verbal** ☐**E-mail** ☐**Referral Feedback Faxed** **Date:**
**CC Name:** **CDS#:** **MR#:**