

## ADAMS COUNTY HCP REFERRAL FORM

SOURCE INFORMATION				DATE:
Individual Completing Form:			Organization & Title:	
Phone:	Fax:	E-Mail:		
<b>Care Coordination Needs:</b> <input type="checkbox"/> Community-based Information/Resource <input type="checkbox"/> HCP Care Coordination				
<b>Reason for Referral:</b>				
<b>Known Medical Conditions:</b>				
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:	
<b>Relationship to Client:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Foster-Parent <input type="checkbox"/> Other:				
Primary Language Spoken:			Interpreter Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:	Street:	Apt. #:	City:	Zip Code:
County:		Alternate Address:		
<b>Phone Number (preferred):</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			<b>Phone Number (alternate):</b> <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
E-Mail:			<b>Family Notified of Referral:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HCP LOCATIONS:</b> For additional local public health agency contact info: <a href="http://www.hcpcolorado.org">www.hcpcolorado.org</a> 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)—Lauren Mooney				
Agency Name:				Date Sent:
HCP USE ONLY:				
Referral Source Follow-up: <input type="checkbox"/> Verbal <input type="checkbox"/> E-mail <input type="checkbox"/> Referral Feedback Faxed			Date:	
CC Name:			CDS#:                      MR#:	

**Referral Management**  
**HCP STAFF USE ONLY**

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Priority Score= \_\_\_\_\_ Low Med High

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Date	Task	Notes
	Referral logged in HCP Folder (G-Drive)	
	Referral entered in Patagonia	
	Referral party contacted	
	Client contact #1	
	<b>Patagonia Contact Log</b>	<b>Patagonia Encounter Note</b>
		<b>No response from client</b>
	Client contact #2	
	<b>Patagonia Contact Log</b>	<b>Patagonia Encounter Note</b>
		<b>No response from client</b>
	Client contact #3	
	<b>Patagonia Contact Log</b>	<b>Patagonia Encounter Note</b>
		<b>No response from client</b>
	CDS Completed	
	Referral outcome	