

ADAMS COUNTY HCP REFERRAL FORM

SOURCE INFORMATION				DATE:
Individual Completing Form:			Organization & Title:	
Phone:	Fax:	E-Mail:		
Care Coordination Needs: <input type="checkbox"/> Community-based Information/Resource <input type="checkbox"/> 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: <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:		
Phone Number (preferred): <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work			Phone Number (alternate): <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	
E-Mail:			Family Notified of Referral: <input type="checkbox"/> Yes <input type="checkbox"/> 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)--Lara Anderson, LCSW, Program Manager Jefferson County HCP: 303-239-7006 (p); 303-239-7088 (f)—Laureen 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

Priority Score= _____ Low Med High

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