



Texas Children's Health Plan

The best decision a family can make.

Referral for case management

Contact: 832-828-1430

Fax: 832-825-8745

Referring physician:

Date: _____

Office contact information:

Demographics

Patient name: _____

DOB: _____

Height: _____

Weight: _____

TCHP ID: _____

Contact information

Parent/guardian: _____

Home: _____

Work: _____

Cell: _____

Primary language: English Spanish Other

Reason for referral: _____

Disease management

- ADHD
- Asthma
- Diabetes
- End of life
- Complex case management
- Weight management (Keep Fit Program)
- Maternity
- Newborn
- Adolescent transition

Disease specific

- Coordinate follow-up appointments
- Positive lead screen
- Health coaching—smoking cessation
- Missed appointment to _____
- Noncompliance with _____

General

Find specialist _____

Basic needs _____

Help coordinate care with _____

Community resources referral _____

Needs services _____

Social issues _____

Other _____

Please contact me

- Routine contact
- Call office after family contact
- Immediately for clarification

When completed, please FAX TO 832-825-8745.