



Texas Children's Health Plan

The best decision a family can make.

Member Referral for Case Management

Disease Management: 832-828-1430
 Complex Case Management: 832-828-1430
 Behavioral Health: 832-828-1520
 Maternity/Women's Health: 832-828-1192

Demographics

Patient name: _____ Member ID number: _____

Height: _____ Weight: _____ Date of birth: ____ / ____ / _____

Contact information

Name of parent/guardian: _____

Home phone number: (____) _____ - _____ Work phone number: (____) _____ - _____

Cell phone number: (____) _____ - _____

Primary language: English Spanish Other _____

Reason for referral: _____

Case Management

- ADHD
- Adolescent Transition Program—Pediatrics to Adult
- Asthma
- Behavioral Health Case Management
- Complex Case Management
- Diabetes
- Education Classes: Group classes in provider offices for asthma, diabetes, nutrition and fitness
- Education Classes: Childbirth Education, Safe Sleep, Car Seat, Infant Care, or Becoming a Mom group classes in provider offices
- End of Life
- Extermination (roaches) for asthmatics in Case Management for 3 months
- Home visits for Asthma Education
- Home visits for diabetes care and pregnancy care
- Home visits for Behavioral Health Education (diagnosis or school)
- Maternity/Women's Health Case Management
- Newborn
- One-on-one telephonic health coaching to member and/or caregiver
- Referral for SSI
- Smoking Cessation to caregivers of severe asthmatics in Case Management and caregivers of NICU babies
- Weight management

Disease Specific

- Coordinate follow-up appointments
- Positive lead screen
- Health coaching
- Missed appointment to: _____
- Non-compliance with: _____

Please contact me (person making referral)

- Routine contact:
Name: _____
Phone (____) _____ - _____
- Call office after family contact:
Name: _____
Phone (____) _____ - _____
- Immediately for clarification:
Name: _____
Phone (____) _____ - _____

General

- Find specialist: _____
- Basic needs: _____
- Help coordinate care with: _____
- Community resources referral: _____
- Needs services: _____
- Social issues: _____
- Needs information on: _____
- Other: _____

When completed, please email to:

CaseManagementPhysicianReferral@TexasChildrensHospital.org,
or fax to 832-825-8745.

For the following:

- Complex Case Management
- Behavioral Health
- Disease Case Management
- Maternity/Women's Health