



Member Referral for Case Management

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

Phone: 832-828-1430

Fax: 832-825-8745

Email: CaseManagementPhysicianReferral@texaschildrenshospital.org

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

- ☐ Asthma
- ☐ Behavioral Health Case Management
- ☐ Complex Case Management
- ☐ Diabetes
- ☐ Maternity/Women's Health Case Management
- ☐ Education and Support Classes. TCHP offers the following virtual classes in English and Spanish for all eligible members:
 - ☐ Understanding Pregnancy, Understanding Birth, Understanding Breastfeeding, Understanding Postpartum Health and Baby Care, and Understanding Your Newborn.
[Learn more](#)
- ☐ One-on-one telephonic health coaching to member and/or caregiver (included with all Case Management programs)
- ☐ Referral for Supplemental Security Income (SSI)

Comments:

Care Coordination

- ☐ Coordinate follow-up appointments
- ☐ 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: _____