

Texas Children's Health Plan Women's Health Care Coordination Referral Form



Texas Children's Health Plan provides care coordination services to help providers manage opioid-dependent pregnant mothers during and after pregnancy. The goal is to improve maternal and fetal health outcomes by providing treatment to members with opiate issues during and after pregnancy. Upon referral, a care coordinator will screen for appropriateness. If the member accepts services, the care coordinator will formulate a Service Plan and notify the referral source. If the member declines services, the care coordinator will notify the referral source.

Referral Date: _____

Patient Information

Last Name: _____

First Name: _____

Date of Birth: _____

Phone #: _____

TCHP Member Identification #: _____

Medicaid ID #: _____

Referred by: _____

Phone #: _____

Obstetrician/Midwife/MFM: _____

Fax #: _____

1. Reason for referral: _____

2. Diagnosis: _____ EDD: _____

3. History of present condition: _____

4. Current services (if known): _____

5. Has the patient been informed that a referral was being submitted? Yes No

**Please fax this referral form and any additional clinical information
to: Vanessa Rigsby (832) 825-8745**