

# 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) 825-8747**