Trinity Health Plan
Of New England

Case Management Referral Form

Our plan provides telephonic case management services to our members to assist with coordinating services, short-term intensive intervention or long-term education and monitoring. The goal is to facilitate maximum functional levels at the most appropriate intensity of service. If you identify one of our members at risk for high utilization of service or needs assistance in coordinating health care services, please complete this form.

Submit completed form via fax to: 1-614-234-7195 or CaseManagement@MediGold.com.

First Name	**Last Name**	**Member ID**

Date of Birth	**Phone Number**	**Discharge Date**

☐ **Recent hospitalization or surgery**

Reason(s) for referral: (Check all that apply)

☐ Multiple Medical Diagnosis:

- ☐ CHF
- ☐ COPD/Pulmonary disorders
- ☐ Pneumonia
- ☐ Falls/Fractures/Osteo/RA
- ☐ Diabetes/Metabolic/Endocrine
- ☐ Cancer
- ☐ Hypertension Coronary artery disease/HLD
- ☐ Kidney/ESRD
- ☐ Dementia/Alzheimers
- ☐ Chronic pain
- ☐ Neurological disorders
- ☐ Other

☐ Behavioral Health Issues:

- ☐ Depression
- ☐ Anxiety
- ☐ OCD
- ☐ PTSD
- ☐ Bi-Polar
- ☐ Schizophrenia
- ☐ Aggressive behavior
- ☐ Suicidal
- ☐ Substance abuse
- ☐ Other

☐ Social Issues:

- ☐ Family neglect
- ☐ Financial
- ☐ Housing/Environment/Living arrangements
- ☐ Lack of basic needs
- ☐ Lack of social support (caregiver)
- ☐ Assistance with daily living concerns

☐ Frequent ED or inpatient admissions.
☐ Non-adherent with medical or prescription recommendations.
☐ Other Please provide: _____

Physician Name	**Physician Phone Number**

Person Submitting Referral	**Date**

CONFIDENTIALITY NOTICE: The information contained in this message, as well as all accompanying documents, constitutes confidential information that belongs to Trinity Health Plan Of New England (HMO/PPO). This information is intended only for the use of the individual or entity named above. If you are not the intended recipient of this information, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on this information is strictly prohibited. If you have received this message in error, please notify the sender immediately by calling 614-546-3794. For more information, please call Member Services at 1-800-240-3851 (TTY 711).